

FLD 005 5421 136
(Main File)

BOL ID # ILD005154778
10910 S. Langley Ave.
ILR000114512
5619 S. Cottage Grove
ILR000124008
5540 S. Hyde Park Ave.
ILR000124016
5445 Ingleside Ave.
ILR000124024
5454 S. Shore Dr.
ILR000129106
1027 E. 57th St.
ILR000146787
1369 E. Hyde Park Ave.
ILR000143750
Nursery School

Illinois EPA Handler Generator Status Update Form

Record required RCRAInfo handler data fields for facilities determined by an inspection to have a change in generator status.

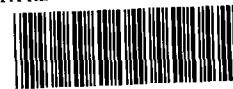
General Correspondence

Date of Inspection: 8/24/9
10/5/9

Inspector Name: Diane Sharrow

EPA Identification Number: ILD005154778
10910 S. Langley Ave.
ILR000114512
5619 S. Cottage Grove
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Nursery School

US EPA RECORDS CENTER REGION 5



1002102

Installation Name: University of Chicago & University of Chicago Hospital

Location Street Address: See list above & attached PDF

Location City: Chicago Location State: Illinois

Location Zip Code: 60637

Location County: Cook

Current Generator Status: Not a generator (see attached PDF)

N – Not a Generator

1 – Large Quantity Generator

2 – Small Quantity Generator

Copies made for 8 other ID Nos &
placed in their files. MKP

3 – Conditionally Exempt SQG

Comments:

The University of Chicago is using ID NO ILD005421136 on all manifests for all hazardous waste generated at the University and the University of Chicago Hospital. RCRA Info shows the address for ILD005421136 as 960 E. 58th St., Chicago, IL 60637. There is no bldg at this address – the less than 90 day storage facility is located at 6049 S. Blackstone Ave., Chicago, IL 60637.

The use of the ID NO ILD005421136 appears to be a carry over from the previous 90 day storage facility that was closed and demolished (?). Traditionally, ID Nos remain with a property location. However, the University of Chicago may have been told by the State of IL during closure activities, or the University of Chicago may have assumed that the continued use of this ID No for 6049 S. Blackstone Ave., was /is acceptable.

USEPA recommends that if the University of Chicago continues to use the ID NO ILD005421136 for 6049 S. Blackstone Ave., that the University of Chicago submit an Notification Form (EPA form 8700-12) to the State of IL – Illinois EPA to show the correct name (University of Chicago), correct mailing address of owner/operator and correct address of the less than 90 day storage facility.

E-mail form to Donna.Nicholson@illinois.gov

Note: Some generators may not be a Large Quantity Generator at the time of the inspection, but wish to retain the Large Quantity Generator status due to intermittent status as a Large Quantity Generator. If possible, the inspector should inform the handler of any intent to change their generator status.

APR 27 2001

Please print or type with ELT16 type (12 characters per inch) in the unshaded areas only

Form Approved GSA No. 2000-0088 R-0001 10/97/SP

RCRA R-0001 10/97/SP

Environmental Protection Agency
U.S. Environmental Protection Agency

X

ILD005421136

UNIVERSITY OF CHICAGO

960 E 58 STREET

CHICAGO IL 60637-

COOK

555 S. ELLIS

CHICAGO IL 60637-

BIVONNA JOHN

SAFETY 312-702-1054

X

UNIVERSITY OF CHICAGO

555 S. ELLIS

CHICAGO IL 60637-

312-702-1054 P P X

CR4/27/01 ILD005421136

04/26/2001 15:17 181 2275

PAGE 03

Please print or type with full type (12 characters per inch) in the information areas only.

SEA No. 62-44-CIA-07

ID - For Official Use Only	
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)	
A. Hazardous Waste Activity 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in Boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other specify _____ <input type="checkbox"/> 3. Transfer, Storage, Disposal (if installation) (Note: A permit is required for this activity; see instructions.) <input type="checkbox"/> 4. Treatment, Storage, Disposal <input type="checkbox"/> 5. Other (Specify) _____ <input type="checkbox"/> 6. Other (Specify) _____ <input type="checkbox"/> 7. Other (Specify) _____ <input type="checkbox"/> 8. Other (Specify) _____ <input type="checkbox"/> 9. Other (Specify) _____ <input type="checkbox"/> 10. Other (Specify) _____ <input type="checkbox"/> 11. Other (Specify) _____ <input type="checkbox"/> 12. Other (Specify) _____ <input type="checkbox"/> 13. Other (Specify) _____ <input type="checkbox"/> 14. Other (Specify) _____ <input type="checkbox"/> 15. Other (Specify) _____ <input type="checkbox"/> 16. Other (Specify) _____ <input type="checkbox"/> 17. Other (Specify) _____ <input type="checkbox"/> 18. Other (Specify) _____ <input type="checkbox"/> 19. Other (Specify) _____ <input type="checkbox"/> 20. Other (Specify) _____ <input type="checkbox"/> 21. Other (Specify) _____ <input type="checkbox"/> 22. Other (Specify) _____ <input type="checkbox"/> 23. Other (Specify) _____ <input type="checkbox"/> 24. Other (Specify) _____ <input type="checkbox"/> 25. Other (Specify) _____ <input type="checkbox"/> 26. Other (Specify) _____ <input type="checkbox"/> 27. 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EPA Form 8700-12 (Rev. 9-82) Previous edition is obsolete.

-2-

APR 27 2001

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
EPA - REGION 5

TELEPHONE MEMORANDUM

2/26/92

5:30pm

Jon Silberman, OE returned my call regarding University of Chicago and the interim status issue surrounding the previously regulated units that where the newly-regulated TC waste was stored. (U of C notified EPA late that it was storing new TC wastes in a previously regulated unit.) Fortuitiously, Ira Feldman, OE, stopped by Jon's office and we got him on the line as well. Their conclusion was that the neither the facility nor the regulated unit loses interim status. Rather the facility does not have interim authorization for these wastes at the unit in question. Ira Feldman explained that this view was supported by 40 C.F.R. 270.72. He also stated that both OGC and OE concurred with this view. Jon Silberman stated that the late notifier violation in Harrison County would not be a major/major. ^D^Q'^A;X1

for permit
7/15/91

NN 90
8/25/1990

From: MARY FULGHUM (MFULGHUM)
To: rnelson
Date: Thursday, November 14, 1991 6:26 pm
Subject: Late TC notifiers w/previous int. status

I just wanted to mention to you that headquarters is divided as how to treat tsd facilities that have permit or interim status but late notified (voluntarily) of new tc wastes. The issue is whether the facility attains interim status for the new tc wastes at the date of compliance or at some other time EPA determines appropriate. If you have any such late notifier cases you might suggest that they be held up until HQ comes out with its DOJ approved guidance - reportedly no later than Friday of next week.

The U of C case falls in this category.

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
S W I L D 0 0 5 4 2 1 1 3 6 T A C 1															S W DUP T A C 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																								
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1	D 0 0 1	11,200	K	S 0 1									Commercial off-site incineration (C.O.S.I.)											
2	D 0 0 2	400	K	T 0 4	T 0 5	T 0 7																		
3	D 0 0 3	35	K	T 0 5	T 0 6	T 0 7	T 0 8																	
4	D 0 0 4	10	K	T 0 4	T 0 7																			
5	D 0 0 5	10	K	T 0 4	T 0 7																			
6	D 0 0 6	10	K	T 0 4	T 0 7																			
7	D 0 0 7	80	K	T 0 4	T 0 7																			
8	D 0 0 8	10	K	T 0 4	T 0 7																			
9	D 0 0 9	20	K	T 0 4	T 0 7																			
10	D 0 1 0	0.5	K	S 0 1									Commercial off-site landfill (C.O.S.L.)											
	D 0 1 1	10	K	T 0 7	T 0 4																			
11	F 0 0 1	800	K	S 0 1									C.O.S.I.											
12	F 0 0 2	600	K	S 0 1									C.O.S.I.											
13	F 0 0 3	200	K	S 0 1									C.O.S.I.											
14	F 0 0 4	400	K	S 0 1									C.O.S.I.											
15	F 0 0 5	400	K	S 0 1									C.O.S.I.											
16	P 0 2 2	8	K	S 0 1									C.O.S.I.											
17	P 0 3 0 P 0 3 0 (OK)	15	K	T 0 4	T 0 7																			
18	P 0 3 2 U 2 4 6	15	K	T 0 4	T 0 7																			
19	P 0 5 3	1	K	T 0 4																				
20	P 0 8 7	40	K	T 0 4	T 0 7																			
21	P 1 1 5	0.5	K	S 0 1									C.O.S.I.											
22	P 1 2 0	0.5	K	S 0 1									C.O.S.I.											
23	U 0 0 1	1	K	T 0 6	T 0 7																			
24	U 0 0 2	80	K	S 0 1									C.O.S.I.											
25	U 0 0 3	8	K	T 0 4	T 0 7																			
26	U 0 0 7	40	K	T 0 4	T 0 7																			

RECEIVED
 NOV 13 1984
 WMD-RAIU
 EPA, REGION V

18 JAN 1985
 W2 1/11/85
 W1 only 1/23/84

THE UNIVERSITY OF CHICAGO

CHICAGO • ILLINOIS 60637

DEPARTMENT OF CHEMISTRY

5735 SOUTH ELLIS AVENUE

KENT CHEMICAL LABORATORY • GEORGE HERBERT JONES LABORATORY

SEARLE CHEMISTRY LABORATORY

November 30, 1990

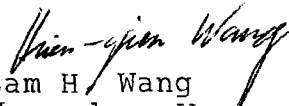
Miss Juana Rojo
United States Environmental
Protection Agency
Region V
Permit Branch
230 South Dearborn
Chicago, Illinois 60604

Dear Miss Rojo:

I am enclosing, as you have requested, the amended Part A permit application in which four (4) hazardous waste codes were added (line 22 through 25, page 3 C of 5) as a result of the recent Toxicity Characteristic rule.

If you have any question, please contact me either in writing or by phone (312)702-7051. Thank you.

Sincerely yours,


Sam H. Wang
Hazardous Waste Management
University of Chicago

cc: Mr. Lawrence W. Eastep
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency

RECEIVED
DEC 03 1990
OFFICE OF THE ATTORNEY GENERAL

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permit Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> E I L D 0 0 5 4 2 1 1 3 6 </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, II, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	THE UNIVERSITY OF CHICAGO
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 WANG, SAM DR.	3 1 2 7 5 3 0 8 2 9

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 6 0 4 1 BLACKSTONE AVE.	4 CHICAGO	IL	6 0 6 3 7

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 5 8 0 1 S. ELLIS AVE.	COOK	6 CHICAGO	IL	6 0 6 3 7	

VII. SIC CODES (Industry, in order of priority)		A. FIRST		B. SECOND	
7	8	2	2	7	8
(specify) University and Professional Schools				(specify) Numerous Specialty Hospitals	
C. THIRD		D. FOURTH			
8	0	6	2	7	8
(specify) General & Surgical Hospital				(specify) Elementary & Secondary Schools	

VIII. OPERATOR INFORMATION									
A. NAME									
THE UNIVERSITY OF CHICAGO									
B. Is the name listed in Item VIII-A also the owner?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.)									
F - FEDERAL M - PUBLIC (other than federal or state) P (specify) S - STATE O - OTHER (specify)									
D. PHONE (area code & no.)									
3 1 2 7 0 2 1 2 3 4									
E. STREET OR P.O. BOX									
5 8 0 1 S. ELLIS AVE.									
F. CITY OR TOWN									
CHICAGO									
G. STATE									
IL									
H. ZIP CODE									
6 0 6 3 7									
IX. INDIAN LAND									
Is the facility located on Indian lands?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
9 N					9 P				
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
9 U					0 3 1 6 0 0 F Y Y (specify) ILEPA INCINERATOR PERMITS (SEE ATCH.)				
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
9 IR					0 3 1 6 4 1 0 0 0 1 (specify) ILEPA HAZARDOUS WASTE PERMIT				

XI. MAP									
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.</p>									

XII. NATURE OF BUSINESS (provide a brief description)									
<p>UNIVERSITY OF CHICAGO IS AN EDUCATIONAL INSTITUTION OPERATING A UNIVERSITY INCLUDING A COLLEGE, GRADUATE DEPARTMENTS, PROFESSIONAL SCHOOLS, PRIMARY AND SECONDARY SCHOOLS, LIBRARIES, PRESS, EDUCATIONAL RESEARCH DEPARTMENTS, PRITZKER SCHOOL OF MEDICINE AND THE UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS FOR TRAINING PHYSICIANS AND TREATING PATIENTS.</p>									

XIII. CERTIFICATION (see instructions)									
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>									

A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE					C. DATE SIGNED				
David L. O'Leary					David L. O'Leary					12/3/90				
Assistant Vice President														
REMARKS FOR OFFICIAL USE ONLY														

C. COMMENTS FOR OFFICIAL USE ONLY														
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FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. #

May 14, 1990

FILED 0054211361

FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr. mo. & day) COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr. mo. & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr. mo. & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS CODE APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

PROCESS CODE APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

UNIT OF MEASURE CODE

UNIT OF MEASURE CODE

UNIT OF MEASURE CODE

UNIT OF MEASURE CODE

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER

A. PROCESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

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LINE NUMBER

A. PROCESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

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X-1

S 0 2

600

G

5

X-2

T 0 3

20

E

6

1

S 0 1

2000

L

7

2

8

3

9

4

10

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). EACH PROCESS ENTERED HERE INCLUDES DESIGN CAPACITY.

T04 - HYDROLYSIS AND NEUTRALIZATION OF SEVERAL TYPES OF CHEMICALS, (ACID AND BASES)

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS.....P
TONS.....T

METRIC UNIT OF MEASURE CODE
KILOGRAMS.....K
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z O JZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K054	900	P	T03D80	
X-2	D002	400	P	T03D80	
X-3	2001	100	P	T03D80	
X-4	D002				included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY													
W	I	L	D	0	0	5	4	2	1	1	3	6	1	W	DUP				2	DUP			
V. DESCRIPTION OF HAZARDOUS WASTES (continued)																							
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																
	1	2	3	4			1. PROCESS CODES (enter)																
2. PROCESS DESCRIPTION (If a code is not entered in D(1))																							
1	D	0	0	1	750	K	S	0	1														
2	D	0	0	2	400	K	S	0	1														
3	D	0	0	3	20	K	S	0	1														
4	D	0	0	5	10	K	S	0	1														
5	D	0	0	6	6	K	S	0	1														
6	D	0	0	7	110	K	S	0	1														
7	D	0	0	9	28	K	S	0	1														
8	D	0	1	1	6	K	S	0	1														
9	D	0	1	3	4	K	S	0	1														
10	D	0	0	8														INCLUDED WITH ABOVE					
11	D	0	0	4	28	K	S	0	1														
12	D	0	1	6	10	K	S	0	1														
13	P	0	3	5														INCLUDED WITH ABOVE					
14	U	0	0	2	120	K	S	0	1														
15	U	0	0	9	5	K	S	0	1														
16	K	0	1	2														INCLUDED WITH ABOVE					
17	U	0	1	9	160	K	S	0	1														
18	K	0	0	1														INCLUDED WITH ABOVE					
19	U	2	1	1	25	K	S	0	1														
20	K	0	2	1														INCLUDED WITH ABOVE					
21	U	0	4	4	130	K	S	0	1														
22	K	0	0	9														INCLUDED WITH ABOVE					
23	U	0	8	0	360	K	S	0	1														
24	U	1	1	2	150	K	S	0	1														
25	U	1	5	4	100	K	S	0	1														
26	U	1	6	8	2	K	S	0	1														

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W I L D 0 0 5 4 2 1 1 3 6 1										W DUP 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	1	2	3	4			1. PROCESS CODES (enter)												
2. PROCESS DESCRIPTION (If a code is not entered in D(1))																			
1	U	1	6	9	2	K	S	0	1										
2	U	1	9	6	6	K	S	0	1										
3	U	2	1	3	10	K	S	0	1										
4	U	2	2	0	120	K	S	0	1										
5	U	0	1	3	1	K	S	0	1										
6	K	0	0	6	1	K	S	0	1										
7	P	0	3	0	2	K	S	0	1										
8	U	1	4	4	2	K	S	0	1										
9	U	0	6	9	100	K	S	0	1										
10	U	1	9	7	2	K	S	0	1										
11	P	0	3	2	2	K	S	0	1										
12	P	0	3	4	2	K	S	0	1										
13	P	0	5	3	2	K	S	0	1										
14	U	0	3	4	4	K	S	0	1										
15	U	2	3	9	150	K	S	0	1										
16	U	1	8	8	2	K	S	0	1										
17	U	1	0	8	20	K	S	0	1										
18	U	2	1	3	2	K	S	0	1										
19	U	0	5	6	50	K	S	0	1										
20	P	0	8	7	15	K	S	0	1										
21	U	0	2	1	2	K	S	0	1										
22	P	0	9	0	2	K	S	0	1										
23	F	0	0	1	18	K	S	0	1										
24	U	1	2	2	16	K	S	0	1										
25	U	1	5	9	10	K	S	0	1										
26	P	0	5	0	2	K	S	0	1										

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W I L D Q 0 5 4 2 1 1 3 6 1										W DUP 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	1	2	3	4			1. PROCESS CODES (enter)												
	1	2	3	4			1	2	3	4	5	6	7	8	9	10	11	12	13
1	P	1	1	7	2	K	S	0	1										
2	P	0	8	9	8	K	S	0	1										
3	U	1	5	4	80	K	S	0	1										
4	U	0	0	2	20	K	S	0	1										
5	U	2	2	8	22	K	S	0	1										
6	U	1	8	8	2	K	S	0	1										
7	P	0	7	2	2	K	S	0	1										
8	U	1	9	6	2	K	S	0	1										
9	U	2	3	2	2	K	S	0	1										
10	U	1	1	7	30	K	S	0	1										
11	U	0	3	1	12	K	S	0	1										
12	P	0	7	7	1	K	S	0	1										
13	U	0	3	1	1	K	S	0	1										
14	U	2	1	9	1	K	S	0	1										
15	U	1	6	5	1	K	S	0	1										
16	U	0	2	1	1	K	S	0	1										
17	U	0	1	2	5	K	S	0	1										
18	U	0	1	4	1	K	S	0	1										
19	U	0	7	7	1	K	S	0	1										
20	U	0	5	7	2	K	S	0	1										
21	U	0	0	6															Quantity and process with D003
22	D	0	1	8	160	K	S	0	1										
23	D	0	1	9	25	K	S	0	1										
24	D	0	2	2	130	K	S	0	1										
25	D	0	4	0	22	K	S	0	1										
26																			

USE THIS SPACE TO LIST ADDITIONAL ACCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)

F I L D 0 0 5 4 2 1 1 3 6 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 1 4 7 0 2 4

0 8 7 3 5 0 5 4

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F G

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

David L. O'Leary
Assistant Vice President

B. SIGNATURE

David L. O'Leary

C. DATE SIGNED

12/3/90

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

(SEE ATTACHMENTS)

ATTACHMENT

FORM 3510-1 (X) Existing Environmental Permits

Active Incinerators

031600DDP	A. J. Carlson Animal Research Facility
031600DDN	Anatomy Building

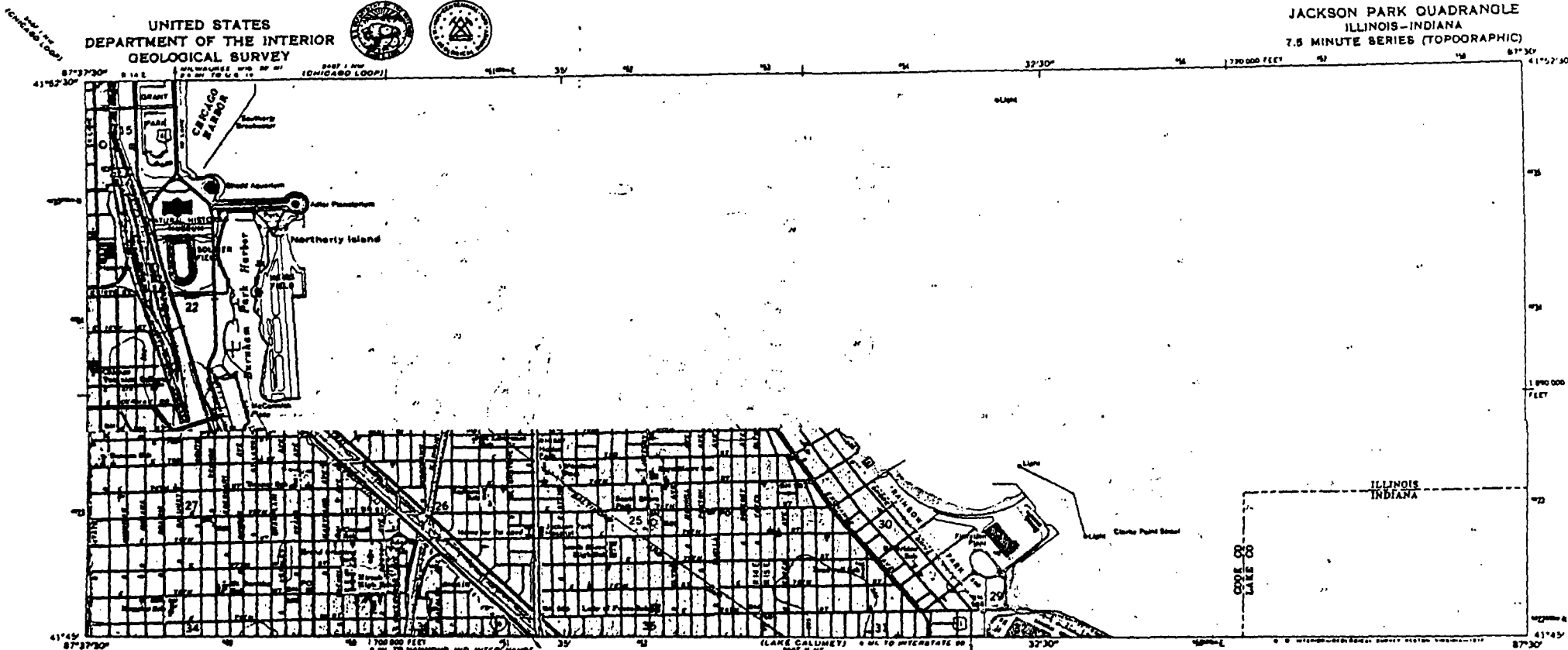
Inactive Incinerators

031600DDO	Silvain Arma Weiler Childrens Hospital
031600EYY	Chicago Line-in Hospital

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



JACKSON PARK QUADRANGLE
ILLINOIS-INDIANA
7.5 MINUTE SERIES (TOPOGRAPHIC)



Mapped, edited, and published by the Geological Survey
in cooperation with State of Illinois Geological Survey
Control by USGS, USCAGS, and City of Chicago
Planimetry by photogrammetric methods from aerial photographs
taken 1962-63. Topography by planimetric survey 1926. Revised 1963
Selected hydrographic data compiled from U. S. Lake Survey
Charts 75 (1960), 751 and 752 (1963)
This information is not intended for navigational purposes
Polyconic projection. 1927 North American datum
10,000-foot grid based on Illinois coordinate system, and some
1000-meter Universal Transverse Mercator grid ticks,
zone 16, shown in blue
Red line indicates areas in which only landmark buildings are shown



SCALE 1:24,000
1000 0 1000 2000 3000 4000 5000 6000 FEET
1 0 1 2 3 4 5 MILE
CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
DEPTH CURVES AND SOUNDINGS IN FEET-DATUM IS LOW WATER STAGS FEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
AND INDIANA DEPARTMENT OF NATURAL RESOURCES, INDIANAPOLIS, INDIANA 46204
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST
Revisions shown in purple combined from aerial photographs
taken 1972. This information has been checked
Purple tint indicates extension of urban areas



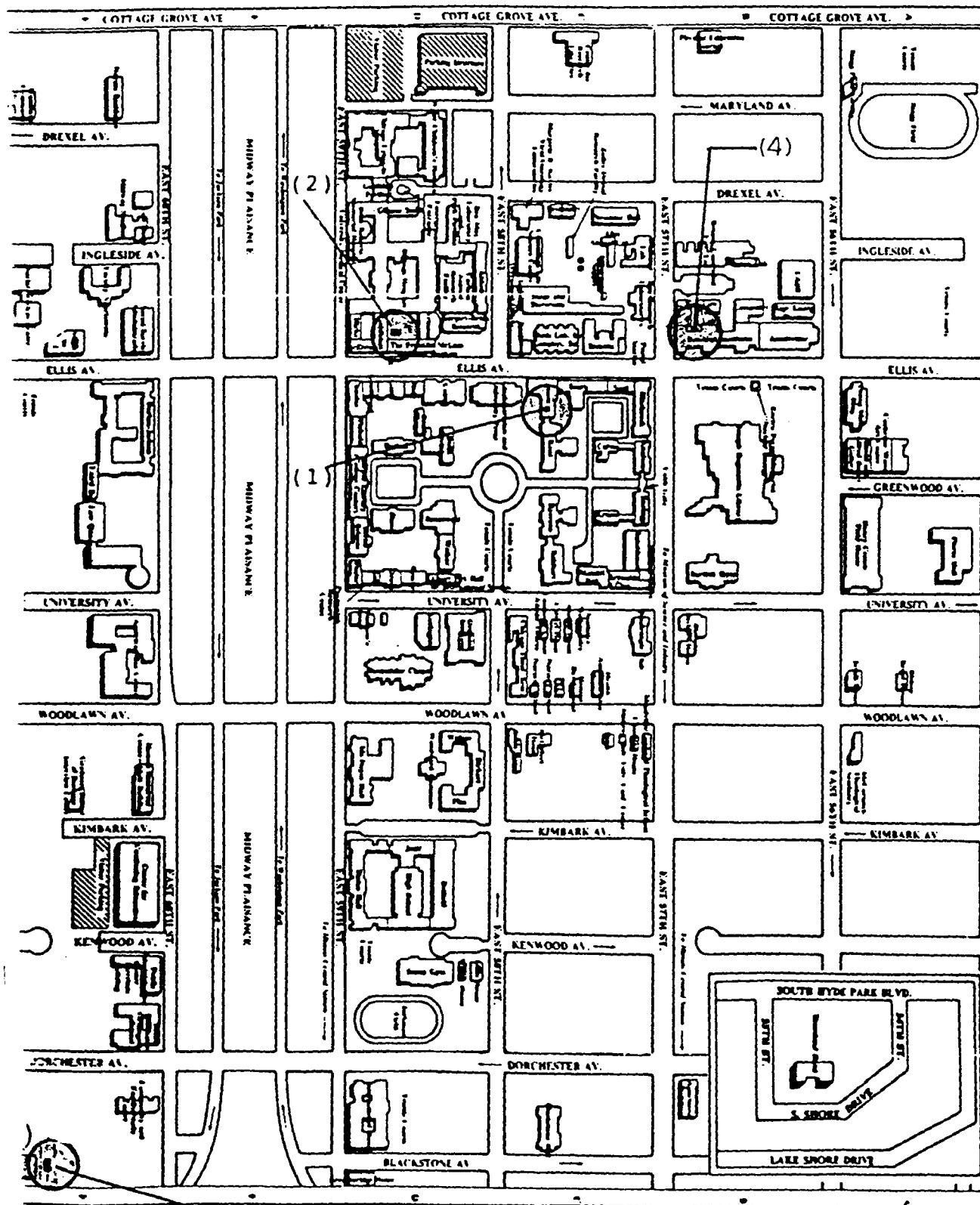
ROAD CLASSIFICATION
Heavy-duty ——— Light-duty ———
Unimproved dirt ———
Interstate Route U.S. Route State Route

JACKSON PARK, ILL-IND.
H4145-WB730/7.5
1963
PHOTOREVISED 1972
AMB 2467 1 SE-SERIES V065

HAZARDOUS WASTE ACCUMULATION AND PROCESSING FACILITY

Fig. 2 University of Chicago Map

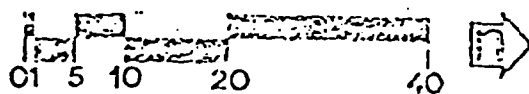
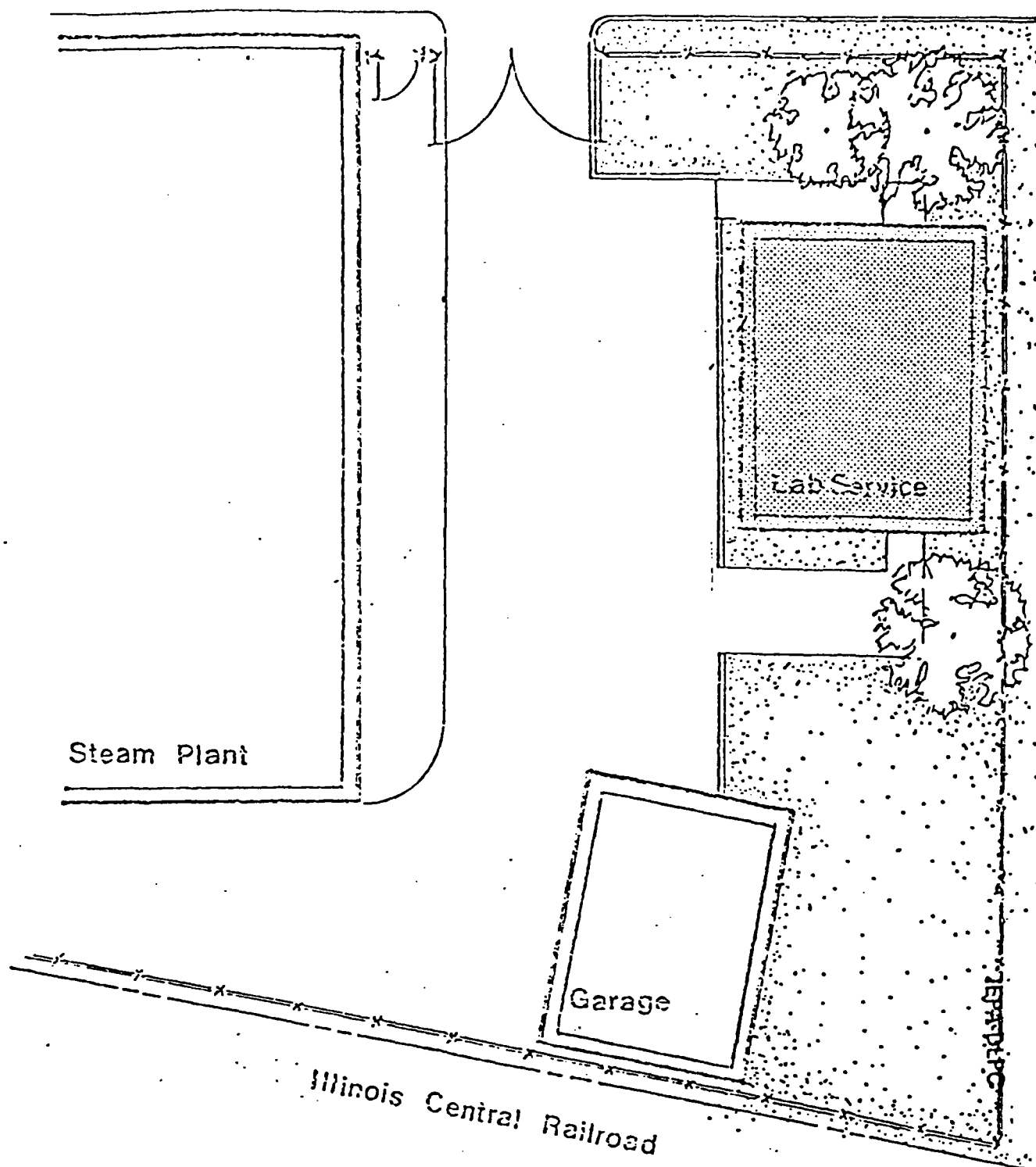
- (1) Room 16 in George Herbert Jones Laboratory
- (2) Franklin McLean Research Institute Blockhouse
- (3) Laboratory Service Building
- (4) Research Institute



(3)

Fig. 5 Laboratory Service Building

S. Blackstone Ave.



Laboratory Service Building

THE UNIVERSITY OF CHICAGO
OFFICE OF THE ASSISTANT VICE-PRESIDENT
PHYSICAL PLANNING

THE UNIVERSITY OF CHICAGO

CHICAGO • ILLINOIS 60637

DEPARTMENT OF CHEMISTRY

5735 SOUTH ELLIS AVENUE

KENT CHEMICAL LABORATORY • GEORGE HERBERT JONES LABORATORY

SEARLE CHEMISTRY LABORATORY

November 9, 1984

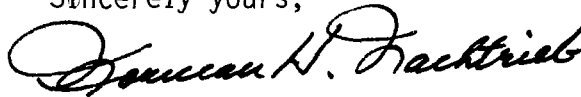
Mr. Hugo Bursten
USEPA, Region V
RCRA Activities, Mail Code 5HW12
P.O. Box A-3587
Chicago, Illinois 60690-3587

Dear Mr. Bursten:

I enclose copies of pages 3A, 3B, and 3C for The University of Chicago's Revised Part A Permit Application, revised to show estimated annual quantities of waste in units of kilograms (K) instead of liters (L).

Please let me know if you require further information.

Sincerely yours,



NHN:hp

Norman H. Nachtrieb
Professor of Chemistry, Emeritus
University Laboratory Safety Officer

RE: Revised Part A Permit Application
University of Chicago
ILD 005421136 *E, TSD, PA*

RECEIVED
NOV 13 1984
WMD-RAIU
EPA, REGION V

Continued from page 2.

NOTE: Photocopy this page before completing if you use more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 1 L D 0 0 5 4 2 1 1 3 6 T/A C 1													W D U P T/A C 2 D U P												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	D 0 0 1	11,200	K	S 0 1											Commercial off-site incineration (C.O.S.I.)										
2	D 0 0 2	400	K	T 0 4	T 0 5	T 0 7																			
3	D 0 0 3	35	K	T 0 5	T 0 6	T 0 7	T 0 8																		
4	D 0 0 4	10	K	T 0 7																					
5	D 0 0 5	10	K	T 0 7																					
6	D 0 0 6	10	K	T 0 7																					
7	D 0 0 7	80	K	T 0 4	T 0 7																				
8	D 0 0 8	10	K	T 0 7																					
9	D 0 0 9	20	K	T 0 7																					
10	D 0 1 0	0.5	K	S 0 1											Commercial off-site landfill (C.O.S.I.)										
	D 0 1 1	10	K	T 0 7																					
11	F 0 0 1	800	K	S 0 1											C.O.S.I.										
12	F 0 0 2	600	K	S 0 1											C.O.S.I.										
13	F 0 0 3	200	K	S 0 1											C.O.S.I.										
14	F 0 0 4	400	K	S 0 1											C.O.S.I.										
15	F 0 0 5	400	K	S 0 1											C.O.S.I.										
16	P 0 2 2	8	K	S 0 1											C.O.S.I.										
17	P 0 3 0	15	K	T 0 6	T 0 7																				
18	P 0 3 2	15	K	T 0 6	T 0 7																				
19	P 0 5 3	1	K	T 0 4																					
20	P 0 8 7	40	K	T 0 7																					
21	P 1 1 5	0.5	K	S 0 1											C.O.S.I.										
22	P 1 2 0	0.5	K	S 0 1											C.O.S.I.										
23	U 0 0 1	1	K	T 0 6	T 0 7																				
24	U 0 0 2	80	K	S 0 1											C.O.S.I.										
25	U 0 0 3	8	K	T 0 6	T 0 7																				
26	U 0 0 7	40	K	T 0 6	T 0 7																				

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 NOV 13 1984
 WMD-RAIU
 EPA, REGION V



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

OCT 24 1984

REPLY TO ATTENTION OF:
5HW-12

Mr. Norman Nachtrieb
University Safety Officer
Department of Chemistry
University of Chicago
5735 South Ellis
Chicago, Illinois 60637

Re: Revised Part A Permit Application
University of Chicago
ILD 005421136

Dear Mr. Nachtrieb:

The Part A permit application for the above referenced facility has been amended to incorporate the following changes:

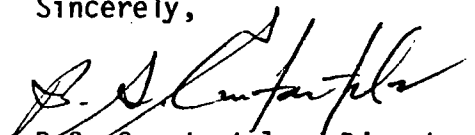
1. An increase in design storage capacity (S01) from 1000 to 2000 liters.
2. The reinstatement of the treatment process capacity (T04), at 24 liters per day.
3. The construction of a new building in order to consolidate the facility's waste management activities.

Approval of the first two changes is justified by 40 CFR §270.72(b) and (c). Section 270.72(b) allows for increases in the design capacity of processes when there is a lack of available storage, treatment, or disposal capacity at other waste management facilities. Section 270.72(c) allows the addition of treatment processes when there is a necessity to comply with Federal, State or local regulations. The approval of the third change is granted in accordance with 40 CFR §270.72(e) which allows construction to take place as long as it does not constitute reconstruction of the facility.

Please note that this approval does not relieve you of the requirement to comply with regulations of the State of Illinois which apply to the treatment, storage, or disposal of hazardous wastes at your facility.

Please contact Ann Brash, at (312) 886-1476, if you have any questions regarding this matter.

Sincerely,


B.G. Constantelos, Director
Waste Management Division

cc: Larry Eastep, IEPA

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> </div>													<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> </div>												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	D 0 0 1	11,200	K	S 0 1										Commercial off-site incineration (C.O.S.I.)											
2	D 0 0 2	400	K	T 0 4	T 0 5	T 0 7																			
3	D 0 0 3	35	K	T 0 5	T 0 6	T 0 7	T 0 8																		
4	D 0 0 4	10	K	T 0 7																					
5	D 0 0 5	10	K	T 0 7																					
6	D 0 0 6	10	K	T 0 7																					
7	D 0 0 7	80	K	T 0 4	T 0 7																				
8	D 0 0 8	10	K	T 0 7																					
9	D 0 0 9	20	K	T 0 7																					
10	D 0 1 0	0.5	K	S 0 1										Commercial off-site landfill (C.O.S.L.)											
	D 0 1 1	10	K	T 0 7																					
11	F 0 0 1	800	K	S 0 1										C.O.S.I.											
12	F 0 0 2	600	K	S 0 1										C.O.S.I.											
13	F 0 0 3	200	K	S 0 1										C.O.S.I.											
14	F 0 0 4	400	K	S 0 1										C.O.S.I.											
15	F 0 0 5	400	K	S 0 1										C.O.S.I.											
16	P 0 2 2	8	K	S 0 1										C.O.S.I.											
17	P 0 3 0	15	K	T 0 6	T 0 7																				
18	P 0 3 2	15	K	T 0 6	T 0 7																				
19	P 0 5 3	1	K	T 0 4																					
20	P 0 8 7	40	K	T 0 7																					
21	P 1 1 5	0.5	K	S 0 1										C.O.S.L.											
22	P 1 2 0	0.5	K	S 0 1										C.O.S.L.											
23	U 0 0 1	1	K	T 0 6	T 0 7																				
24	U 0 0 2	80	K	S 0 1										C.O.S.I.											
25	U 0 0 3	8	K	T 0 6	T 0 7																				
26	U 0 0 7	40	K	T 0 6	T 0 7																				

RECEIVED
 NOV 13 1984
 WMD-RAIU
 EPA, REGION V

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
F																															T/A/C										6																																																										

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71
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72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																								
3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE				

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

EPA Form 3510-3 (6-80)

I. WASTE IDENTIFICATION (enter from page 1)										FOR OFFICIAL USE ONLY									
WASTE IDENTIFICATION										WASTE IDENTIFICATION									
WASTE IDENTIFICATION										WASTE IDENTIFICATION									
1	U	1	6	8	1	K	S	0	1	C.O.S.I.									
2	U	1	6	9	1	K	S	0	1	C.O.S.I.									
3	U	1	8	8	1	K	S	0	1	C.O.S.I.									
4	U	1	8	9	0.5	K	T	0	1										
5	U	1	9	0	1	K	T	0	5										
6	U	1	9	6	8	K	S	0	1	C.O.S.I.									
7	U	1	9	7	1	K	S	0	1	C.O.S.I.									
8	U	2	1	1	40	K	S	0	1	C.O.S.I.									
9	U	2	1	3	20	K	S	0	1	C.O.S.I.									
10	U	2	1	6	0.5	K	S	0	1	C.O.S.I.									
11	U	2	1	7	0.5	K	T	0	7										
12	U	2	2	0	200	K	S	0	1	C.O.S.I.									
13	U	2	2	8	40	K	S	0	1	C.O.S.I.									
14	U	2	3	9	200	K	S	0	1	C.O.S.I.									
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UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5

230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
5HW-12

OCT 24 1984

Mr. Norman Nachtrieb
University Safety Officer
Department of Chemistry
University of Chicago
5735 South Ellis
Chicago, Illinois 60637

Re: Revised Part A Permit Application
University of Chicago
ILD 005421136

Dear Mr. Nachtrieb:

The Part A permit application for the above referenced facility has been amended to incorporate the following changes:

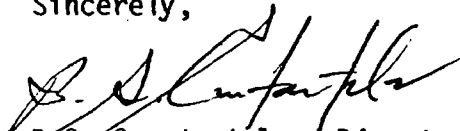
1. An increase in design storage capacity (S01) from 1000 to 2000 liters.
2. The reinstatement of the treatment process capacity (T04), at 24 liters per day.
3. The construction of a new building in order to consolidate the facility's waste management activities.

Approval of the first two changes is justified by 40 CFR §270.72(b) and (c). Section 270.72(b) allows for increases in the design capacity of processes when there is a lack of available storage, treatment, or disposal capacity at other waste management facilities. Section 270.72(c) allows the addition of treatment processes when there is a necessity to comply with Federal, State or local regulations. The approval of the third change is granted in accordance with 40 CFR §270.72(e) which allows construction to take place as long as it does not constitute reconstruction of the facility.

Please note that this approval does not relieve you of the requirement to comply with regulations of the State of Illinois which apply to the treatment, storage, or disposal of hazardous wastes at your facility.

Please contact Ann Brash, at (312) 886-1476, if you have any questions regarding this matter.

Sincerely,


B.G. Constantelos, Director
Waste Management Division

cc: Larry Eastep, IEPA

OCT 24 1984

SHW-12

Mr. Norman Nachtrieb
University Safety Officer
Department of Chemistry
University of Chicago
5735 South Ellis
Chicago, Illinois 60637

Re: Revised Part A Permit Application
University of Chicago
ILD 005421136

Dear Mr. Nachtrieb:

The Part A permit application for the above referenced facility has been amended to incorporate the following changes:

1. An increase in design storage capacity (S01) from 1000 to 2000 liters.
2. The reinstatement of the treatment process capacity (T04), at 24 liters per day.
3. The construction of a new building in order to consolidate the facility's waste management activities.

Approval of the first two changes is justified by 40 CFR §270.72(b) and (c). Section 270.72(b) allows for increases in the design capacity of processes when there is a lack of available storage, treatment, or disposal capacity at other waste management facilities. Section 270.72(c) allows the addition of treatment processes when there is a necessity to comply with Federal, State or local regulations. The approval of the third change is granted in accordance with 40 CFR §270.72(e) which allows construction to take place as long as it does not constitute reconstruction of the facility.

Please note that this approval does not relieve you of the requirement to comply with regulations of the State of Illinois which apply to the treatment, storage, or disposal of hazardous wastes at your facility.

Please contact Ann Brash, at (312) 886-1476, if you have any questions regarding this matter.

Sincerely,

B.G. Constantelos, Director
Waste Management Division

cc: Larry Eastep, IEPA

Bcc: R. Stone

10/24/84

INITIALS	DATE	TYPIST	AUTHOR	STU #1 CHIEF	STU #2 CHIEF	STU #3 CHIEF	TPS CHIEF	WMB CHIEF	WMD DIRECTOR
5HW-12	10/24/84	FA	AN	10/24/84	10/24/84	10/24/84	10/24/84	10/24/84	10/24/84

THE UNIVERSITY OF CHICAGO
CHICAGO • ILLINOIS 60637
DEPARTMENT OF CHEMISTRY
5735 SOUTH ELLIS AVENUE
KENT CHEMICAL LABORATORY • GEORGE HERBERT JONES LABORATORY
SEARLE CHEMISTRY LABORATORY

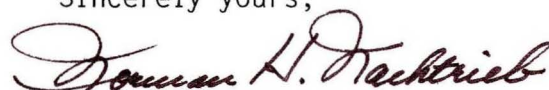
October 24, 1984

Mr. William L. Miner, Chief
Technical, Permits, and Compliance Section
Region V, United States Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Dear Miner:

I should like to thank you for meeting with Mr. Alexander Sharp and me today and for answering our questions concerning the approval by the Environmental Protection Agency of The University of Chicago's Revised Part A Permit Application. We are very pleased that our request has been approved.

Sincerely yours,



NHN:hp

Norman H. Nachtrieb
Professor of Chemistry, Emeritus
University Laboratory Safety Officer

cc: Mr. A. Sharp

RECEIVED

OCT 24 1984

Amendment of Part A Permit Application
University of Chicago
Chicago, Illinois

Karl Klepitsch, Chief
Waste Management Branch

B.G. Constantelos, Director
Waste Management Division

1. Background: The University of Chicago is engaged in the treatment and storage of hazardous wastes, and is seeking to incorporate the following changes into its Part A Permit application:
 - a. The addition of design storage capacity due to the lack of sufficient storage capacity at other waste management facilities. The City of Chicago's Fire Protection Bureau had ordered one of the buildings to be closed, thus eliminating some of the facility's storage capacity. The annual generation of wastes for the facility has varied from twelve to seventeen tons, and it is expected to increase.
 - b. The reinstatement of a treatment process (T04) that had been temporarily suspended due to the lack of both storage and treatment capacity.
 - c. Construction of a new building in order to consolidate the treatment and storage processes conducted at the facility. This consolidation would reduce the amount of wastes being handled and would increase safety. Presently, wastes are distributed throughout the University's laboratories.
2. Part A Changes Requested: Increase the storage design capacity (S01) from 1000 to 2000 liters; reinstate the treatment process capacity (T04) of 24 liters per day; and allow the construction of a new small building to consolidate the facility's waste management activities.
3. Results of Proposed Changes: These changes would facilitate the storage and treatment of hazardous wastes. Some of the wastes which are unacceptable for disposal either by incineration or landfilling could be treated and rendered non-hazardous by the facility.
4. Does the change constitute reconstruction as defined in 40 CFR §270.72(e)?
Answer: No.
5. Does the facility have interim status? Yes
6. Recommendation: I recommend that the above changes be approved.

7. Justification: 40 CFR §270.72(b) and (c) allow for increases in the design storage and treatment capacity when there is a lack of available storage or treatment capacity at other waste management facilities, and allow the addition of treatment processes in order to comply with local regulations. 40 CFR §270.72(e) allows construction to take place as long as it does not constitute reconstruction of the facility.

8. References:

(a) EPA identification number: ILD 005421136

(b) Part A Permit Application

Date: November 19, 1980

Waste Activities: Generator, TSD facility

Design Processes: S01, T01, T03, T04

Estimated Annual Codes: Total of 48 listed wastes

(c) Revised Part A Application

Date: October 2, 1981

Design Processes: S01

Estimated annual codes: Total of 74 listed wastes

5HW-12:A.BRASH:fr:10/24/84

INITIALS	DATE	TYPYST	AUTHOR	STU #1	STU #2	STU #3	ITS	WMB	WMD
INITIALS	DATE	TYPYST	AUTHOR	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	DIRECTOR
		F.R.	?	gale			10/24/84	10/24/84	10/24/84
		10/2/84	10/24/84	10/24/84			10/24/84	10/24/84	10/24/84

10/24/84
asp

SEP 20 1984

Mr. Norman Nachtrieb
University Safety Officer
Department of Chemistry
University of Chicago
5735 South Ellis Avenue
Chicago, Illinois 60637

Re: Request for Additional Information
University of Chicago
ILD 005421136

Dear Mr. Nachtrieb:

We have reviewed the revised Part A permit application that you submitted on July 25, 1984. The application proposed the following changes: (1) an increase in storage capacity due to the lack of sufficient storage space at other waste management facilities, (2) the addition of several on-site treatment processes in order to compensate for the shortage of available treatment sites, and (3) the construction of a new building to be used for all waste management activities, thus bringing the facility into compliance with Federal, State and local regulations.

It is the opinion of this office that the first two proposed changes may be justified by 40 CFR §270.72(b) and (c). However, the third change may constitute reconstruction of the facility, as defined by 40 CFR §270.72(e), which is prohibited during interim status. Reconstruction occurs when the capital investment in the changes to the facility exceeds 50% of the cost of an entirely new waste management facility. You stated in a telephone conversation with Ann Brash of my staff that reconstruction of the facility would not take place; however, more information is needed before we can concur with your determination. Specifically, we would like information comparing the costs of your present storage facilities with those of the proposed new building.

Since it appears that the implementation of changes (1) and (2) above depends on the construction of the new building, we are postponing a decision on your revised Part A until we receive the additional information. Feel free to contact Ann Brash of my staff, at (312) 886-1476, if you have any questions on this matter.

Sincerely yours,

William H. Miner, Chief
Technical, Permits, and Compliance Section

5HW-12:A.BRASH:fr:9/14/84

9/19/84

	TYPIST	AUTHOR	STU #1	STU #2	STU #3	TPS	WMB	WMD
			CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	DIRECTOR
INITIALS	JR	A.B.	[Signature]			[Signature]		
DATE	9-17-84	9-17-84	9/18/84			9/19/84		

THE UNIVERSITY OF CHICAGO

CHICAGO · ILLINOIS 60637

DEPARTMENT OF CHEMISTRY

5735 SOUTH ELLIS AVENUE

KENT CHEMICAL LABORATORY · GEORGE HERBERT JONES LABORATORY

SEARLE CHEMICAL LABORATORY

September 13, 1984

Mr. William H. Miner
Waste Management Division 5HW-13
Region V, United State Environmental
Protection Agency
230 South Dearborn Street
Chicago, IL 60604

Ref: Interim USEPA Permit No. ILD 005421136 *G, TSD, PA*

Dear Mr. Miner:

This is further to my letter to you of July 25, 1984 and the University of Chicago's revised Part A permit application which accompanied it.

Together they described our request to store up to 2,000 liters of chemical waste pending its disposal and our wish to construct a facility for that purpose, including the on-site treatment of small quantities of chemical waste. The latter comprises a very small fraction of the total chemical waste generated in our research and instructional laboratories but which, because of its nature, is inappropriate for incineration or landfill disposal at off-site commercial facilities.

In my judgement, the construction costs of the proposed facility will not exceed fifty percent of the capital value of the facilities we have been using for the interim storage of chemical waste.

Sincerely yours,

Norman H. Nachtrieb

Norman H. Nachtrieb
Professor of Chemistry, Emeritus
University Laboratory Safety Officer

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SEP 16 1984

WMD-RADU
EPA. REGION V

RECEIVED

SEP 17 1984

WASTE MANAGEMENT
BRANCH

THE UNIVERSITY OF CHICAGO

CHICAGO • ILLINOIS 60637

DEPARTMENT OF CHEMISTRY

5735 SOUTH ELLIS AVENUE

KENT CHEMICAL LABORATORY • GEORGE HERBERT JONES LABORATORY
SEARLE CHEMISTRY LABORATORY

July 25, 1984

RECEIVED
JUL 30 1984

WASTE MANAGEMENT
BRANCH

Mr. William H. Miner
Waste Management Division
%HW-13, Region V
United States Environmental
Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

RECEIVED

AUG 01 1984

WMD-RAIU
EPA, REGION V

Ref: Interim USEPS Permit No. ILD005421136 G, TSD, PA

Dear Mr. Miner:

This letter accompanies The University of Chicago's submittal of a revised Part A permit application which reflects several changes that have occurred since it received interim status on March 10, 1982. Until very recently we have stored hazardous chemical wastes generated in our research and instructional laboratories in two on-campus sites, pending their removal for off-site disposal by incineration or land-filling in EPA-approved facilities. We have discontinued use of one of these storage sites on the recommendation of the City of Chicago Fire Prevention Bureau. This has necessitated storage of all hazardous chemical waste at the other site, a free standing masonry building that has been upgraded. This is a temporary arrangement and we are requesting approval in the revised Part A permit application to construct a facility on University property that can accept all the hazardous chemical waste generated by our laboratories.

A second consideration that underlies our wish to revise our Part A permit application arises from the experience we have gained over the past 3½ years with our chemical waste streams. Our present interim permit allows us to store up to 1,000 liters of waste, 90% of which is combustible, and is accumulated over a period of about 30 days on the average. Our annual generation of waste has varied from 12 to 17 tons, and appears to be increasing. To cope with delays in the scheduling of transportation and in obtaining approval for the acceptance of waste by incineration and landfill facilities, we seek approval in the revised permit application to store up to 2,000 liters of chemical waste.

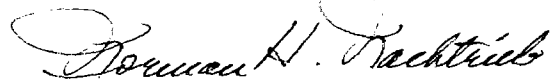
A minor but non-negligible percent of our chemical waste (5 - 10%) consists of a great diversity of material, individually small in volume and mass, that we should like to convert into non-hazardous waste or reduce in volume for landfilling by on-site chemical treatment. We anticipate that consolidation of such activities in a facility dedicated to this purpose, rather than distributed over many laboratories, will reduce handling hazards and increase the level of safety in our institution. Typical of such wastes are corrosive liquids (acids and bases) that can be readily neutralized; solutions containing toxic metals (Cr(VI), Cd(II), Pb(II), As(III), Ba(II), Hg(I,II), and others) that can be precipitated and reduced in volume for landfilling in an immobilized state; moisture- and air-sensitive materials such as acid anhydrides and acid halides that can be hydrolyzed and neutralized; volatile organometallic compounds such as aluminum alkanes, silanes, and boranes that can be oxidized; alkali and alkaline earth metals such as sodium, potassium, and calcium that can be converted to bases and neutralized; and such toxic substances as osmium tetroxide and hydrazine and its derivatives that are unacceptable for disposal by either incineration or landfilling, but which can be reduced or oxidized to innocuous materials. These are typical, but by no means exhaustive, examples of the kinds of waste materials that present us with great problems for disposal by off-site commercial facilities. In addition, certain wastes are of unknown composition that require analysis before a treatment protocol can be devised.

The third request in our revised Part A permit application is for approval to carry out chemical treatment of the kinds of chemical waste outlined above on a small scale in a laboratory that would be physically attached to the storage facility mentioned in the first paragraph of this letter. These operations would be conducted on a small scale in laboratory beakers and flasks as appropriate and in chemical hoods when required. The Board of Trustees of The University of Chicago has authorized the construction of the dual-purpose facility, and its design would comply with all requirements of the City of Chicago Building Code, its Fire Prevention Bureau, and the Metropolitan Sanitary District.

If approval of this revised Part A permit application is granted by the U.S. EPA, we would propose to obtain building permits from the City of Chicago, with whose Building Department we have already had preliminary discussions, and begin construction and operation of the facility. It would then be our intention to assemble the documentation required for the submittal of Part B of the permit application to the United States Environmental Protection Agency. Our hope and intent is that this facility will serve The University of Chicago's chemical waste disposal responsibilities in a fully satisfactory way, and that it might be a useful model for other colleges and universities to adapt to their needs.

We would greatly appreciate your timely review of our revised Part A permit application and this letter which outlines our plans, so that we may proceed to realize them.

Sincerely yours,



Norman H. Nachtrieb,
Professor of Chemistry, Emeritus
University Laboratory Safety
Officer

NHN:hp

962-7094

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		F I L D O 0 5 4 2 1 1 3 6	
LABEL ITEMS		Consolidated Permits Program (Read the "General Instructions" before starting.)		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		<div>PLEASE RECEIVED THIS SPACE</div> <div>AUG 01 1984</div> <div>WMD-RAIU</div> <div>EPA REGION V</div>		<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
III. FACILITY NAME					
V. MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP THE UNIVERSITY OF CHICAGO

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	NACHTRIEB NORMAN H. SAFETY OFF.	312	962 7094

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	5735 ELLIS AVE.	4	CHICAGO	IL	60637

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	5801 S. ELLIS AVE.	6	COOK	CHICAGO	IL	60637	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7 8221 (specify)	7 8069 (specify)	Numerous Specialty Hospitals	
University & Professional Schools			
C. THIRD		D. FOURTH	
7 8062 (specify)	7 8221 (specify)	Elementary & Secondary Schools	
General & Surgical Hospital			

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
UNIVERSITY OF CHICAGO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)		312 962 8001	
E. STREET OR P.O. BOX			
5801 S. ELLIS AVE.			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
CHICAGO		IL	60637
		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		B. FED (Air Emissions from Proposed Sources)	
9 N	9 P		
C. UIC (Underground Injection of Fluids)		D. OTHER (specify)	
9 U	0 3 0 1 0 3 3 3	(specify) Ill. EPA Incinerator Additional Permits-see attached	
E. RCRA (Hazardous Wastes)		F. OTHER (specify)	
9 R	0 3 1 6 0 0 0 8 4 8	(specify) Ill. EPA Hazardous Waste Permit	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The University of Chicago is an educational institution, operating a University, including a College, graduate departments, professional schools, primary and secondary schools, Libraries, a press, educational and research departments, including The Pritzker School of Medicine and The University of Chicago Hospitals and Clinics for the training of physicians and the treatment of patients.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Arthur M. Sussman Vice President	<i>Arthur M. Sussman</i>	July 27, 1984

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER											
			F I L D 0 0 5 4 2 1 1 3 6											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<input type="checkbox"/> A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)													
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN													
C	<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>8</td><td></td><td></td></tr></table>	YR.	MO.	DAY	8			<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table>	YR.	MO.	DAY				
YR.	MO.	DAY													
8															
YR.	MO.	DAY													

<input checked="" type="checkbox"/> B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS			
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C											
1 2 3 4 5 6 7 8 9 10 11 12											
13 14 15 16 17 18 19 20 21 22 23 24											
25 26 27 28 29 30 31 32											
33 34 35 36 37 38 39 40											
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865 866 867 868 869 870 871 872											
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897 898 899 900 901 902 903 904											
905 906 907 908 909 910 911 912											
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961 962 963 964 965 966 967 968											
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977 978 979 980 981 982 983 984											
985 986 987 988 989 990 991 992											
993 994 995 996 997 998 999 1000											

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

- T04 Neutralization of acids and bases. 1 liter batch process in open vessels (glass, stainless steel, or polypropylene)
- T05 Hydrolysis, with neutralization, of organic acid chlorides and anhydrides and nitriles, and anhydrous inorganic chloride salts in open glass or stainless steel beakers or in condenser-equipped 3-neck flasks of 1-liter capacity.
- T06 Oxidation of organic compounds with $H_2SO_4/K_2Cr_2O_7$: hydrazines, amides, and cyanides with alkaline hypochlorite in 1-liter glass 3-neck flasks.
- T07 Precipitation and filtration of toxic metals as insoluble compounds, following reduction to lower oxidation states, if required, in open glass vessels of 1-liter capacity; residue to landfill.
- T08 Dissolution of alkali and alkaline earth metals in alcohols or dilute acids on a 1-gram scale.
- T09 Recovery for re-use, by distillation on 100 gram scale (ESP. mercury)

(SEE APPENDIX A)

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
							1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2												included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 0 0 5 4 2 1 1 3 6 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES															
	23	24	25	26	27	28	29	30		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D	0	0	1	11,200				L	S	0	1					Commercial off-site incineration (C.O.S.I.)								
2	D	0	0	2	400				L	T	0	4	T	0	5	T	0	7							
3	D	0	0	3	35				K	T	0	5	T	0	6	T	0	7	T	0	8				
4	D	0	0	4	10				L	T	0	7													
5	D	0	0	5	10				L	T	0	7													
6	D	0	0	6	10				L	T	0	7													
7	D	0	0	7	80				L	T	0	4	T	0	7										
8	D	0	0	8	10				L	T	0	7													
9	D	0	0	9	20				L	T	0	7													
10	D	0	1	0	0.5				K	S	0	1										Commercial off-site land-fill (C.O.S.L.)			
	D	0	1	1	10				L	T	0	7													
11	F	0	0	1	800				L	S	0	1										C.O.S.I.			
12	F	0	0	2	600				L	S	0	1										C.O.S.I.			
13	F	0	0	3	200				L	S	0	1										C.O.S.I.			
14	F	0	0	4	400				L	S	0	1										C.O.S.I.			
15	F	0	0	5	400				L	S	0	1										C.O.S.I.			
16	P	0	2	2	8				L	S	0	1										C.O.S.I.			
17	P	0	3	0	15				L	T	0	6	T	0	7										
18	P	0	3	2	15				L	T	0	6	T	0	7										
19	P	0	5	3	1				K	T	0	4													
20	P	0	8	7	40				L	T	0	7													
21	P	1	1	5	0.5				K	S	0	1										C.O.S.L.			
22	P	1	2	0	0.5				K	S	0	1										C.O.S.L.			
23	U	0	0	1	1				K	T	0	6	T	0	7										
24	U	0	0	2	80				L	S	0	1										C.O.S.I.			
25	U	0	0	3	8				L	T	0	6	T	0	7										
26	U	0	0	7	40				L	T	0	6	T	0	7										

EPA Form 3510-3 (6-80)

U 0 0 9

2

PAGE 3 A OF 5

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

CONTINUE ON REVERSE

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	I	L	D	0	0	5	4	2	1	1	3	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	4	7	0	2	4
58	59	60	61	62	63	64

0	8	7	3	5	0	5	4
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

Board of Trustees

3 1 2 - 9 6 2 -

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

5801 S. Ellis Ave.

Chicago

IL

6 0 6 3 7

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Arthur M. Sussman
Vice President

Arthur M. Sussman

July 27, 1984

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Norman H. Nachtrieb

Norman H. Nachtrieb

July 26, 1984

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
S I L D 0 0 5 4 2 1 1 3 6 T/A C										S W DUP T/A C 2 DUP									
1 2 13 14 15										13 14 15 23 26									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
1	U	01	2	1									K	S01					C.O.S.I.
2	U	01	3	1									K	S01					C.O.S.L.
3	U	01	9	150									L	S01					C.O.S.I.
4	U	02	0	20									L	T05					
5	U	02	1	1									K	S01					C.O.S.I.
6	U	03	1	1									K	S01					C.O.S.I.
7	U	04	4	140									L	S01					C.O.S.I.
8	U	05	6	40									L	S01					C.O.S.I.
9	U	05	7	8									L	S01					C.O.S.I.
10	U	06	9	100									L	S01					C.O.S.I.
11	U	07	7	4									L	S01					C.O.S.I.
12	U	08	0	350									L	S01					C.O.S.I.
13	U	10	3	40									L	S01					C.O.S.I.
14	U	10	8	40									L	S01					C.O.S.I.
15	U	11	2	140									L	S01					C.O.S.I.
16	U	11	7	40									L	S01					C.O.S.I.
17	U	12	2	20									L	S01					C.O.S.I.
18	U	12	3	20									L	T04					
19	U	12	4	40									L	S01					C.O.S.I.
20	U	13	3	4									L	T06	T07				
21	U	13	4	8									L	T04					
22	U	14	4	1									K	T07					
23	U	15	1	5									K	T09					
24	U	15	4	80									L	S01					C.O.S.I.
25	U	15	9	15									L	S01					C.O.S.I.
26	U	16	5	1									K	S01					C.O.S.I.

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W I L D 00 5 4 2 1 1 3 6															<div style="display: flex; justify-content: space-between;"> <div>W 1 2</div> <div>DUP</div> <div>T/A C 2 DUP</div> </div>									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
	23 - 26	27	35	26	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29		
1	U 1 6 8	1	K	S01						C.O.S.I.	
2	U 1 6 9	1	K	S01						C.O.S.I.	
3	U 1 8 8	1	K	S01						C.O.S.I.	
4	U 1 8 9	0.5	K	T05							
5	U 1 9 0	1	K	T05							
6	U 1 9 6	8	L	S01						C.O.S.I.	
7	U 1 9 7	1	K	S01						C.O.S.I.	
8	U 2 1 1	40	L	S01						C.O.S.I.	
9	U 2 1 3	20	L	S01						C.O.S.I.	
10	U 2 1 6	0.5	K	S01						C.O.S.L.	
11	U 2 1 7	0.5	K	T07							
12	U 2 2 0	200	L	S01						C.O.S.I.	
13	U 2 2 8	40	L	S01						C.O.S.I.	
14	U 2 3 9	200	L	S01						C.O.S.I.	
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)														
5	F	I	L	D	0	0	5	4	2	1	1	3	6	T/A/C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	1	4	7	0	2	4				0	8	7	3	5	0	5	4		
65	66	67	68	69	70	71				72	73	74	75	76	77	78	79		

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
Board of Trustees										3 1 2 - 9 6 2									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
5801 S. Ellis Ave.										Chicago									
5. ST.										6. ZIP CODE									
IL										6 0 6 3 7									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Arthur M. Sussman Vice President	Arthur M. Sussman	July 27, 1984

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Norman H. Nachtrieb	Norman H. Nachtrieb	July 26, 1984

V. FACILITY DRAWING (see page 4)**APPENDIX A****Waste Handling and Treatment Plan**

The research and instructional laboratories of The University of Chicago annually generate between 12 and 17 tons of chemical waste. More than 90% of this material is currently transported to an EPA-approved commercial incinerator for destruction, while less than a year ago it was consigned to an out-of-state EPA-approved landfill for disposal. The remaining 10% consists of acids and bases and a wide variety of materials whose reactivity or toxic properties rule out their disposal by incineration.

The waste is received from individual laboratories where it is generated in a variety of types of containers: 5 gallon metal cans and screw cap glass or plastic bottles of 1 gallon or smaller capacity. Each container carries a tag or label that identifies its contents and point of origin; such information is entered into a log book. Waste is classified on receipt into one of four categories: corrosive (acidic or alkaline), flammable, air-or moisture-reactive, or toxic. Compatible wastes are stored in OSHA/NFPA-approved cabinets.

The first category of waste, comprising 90% of the total, includes spent organic solvents (typically toluene, xylene, benzene and their mixtures) used vacuum pump oil, a variety of organic liquid mixtures (e.g., alcohols, aldehydes, ketones, tetrahydrofuran, and chlorinated hydrocarbons) and minor quantities of combustible solids. All of these may be safely and totally destroyed by incineration by an EPA-licensed commercial incinerator under conditions that are approved and regulated by that agency. At the present time such wastes are transported under manifest by a D.O.T.-licensed hazardous waste transport company to the SCA Chemical Services, Inc. commercial chemical waste incinerator facility at 11700 S. Stony Island Avenue, Chicago, Illinois. Other EPA-approved commercial incinerators may be used in the future.

In the new University Laboratory Service Building to be constructed on a site adjoining its Steam Plant, the wastes will be segregated and stored in OSHA-NFPA-approved cabinets and logged into the master waste record. Compatible organic flammable wastes will be transferred from the small (≤ 5 gallon) containers in which they are received into 55 gallon drums. Such transfer operations will be carried out in the storage area under an exhaust canopy, and the drums will be sealed, checked for leaks, and stored pending transport to the incinerator. The quantity of waste stored will not exceed 400 gallons nor stored for more than 90 days.

Treatment Operations

The second category of waste, comprising 10% of the total, cannot be destroyed by incineration methods. Formerly, most of it was consigned under manifest to an out-of-state EPA-licensed landfill site for disposal. Such waste is typically corrosive aqueous solutions and aqueous solutions or solids containing toxic metals (e.g., chromium, cadmium, arsenic, mercury, barium, lead, silver, and selenium). A minor, but significant, fraction of the waste in the second category is not acceptable in landfills. It includes waste that is reactive on exposure to air or moisture (e.g., sodium, lithium, and potassium metals, acidic anhydrides such as phosphorous pentoxide, acyl chlorides such as acetyl chloride and benzene sulfonylchloride, anhydrous titanium tetrachloride, sulfuryl chloride, and such organometallics as triethyl aluminum and silanes). In general, the procedures outlined in the National Academy of Sciences book, "Prudent Practices for Disposal of Chemicals

V. FACILITY DRAWING (see page 4)

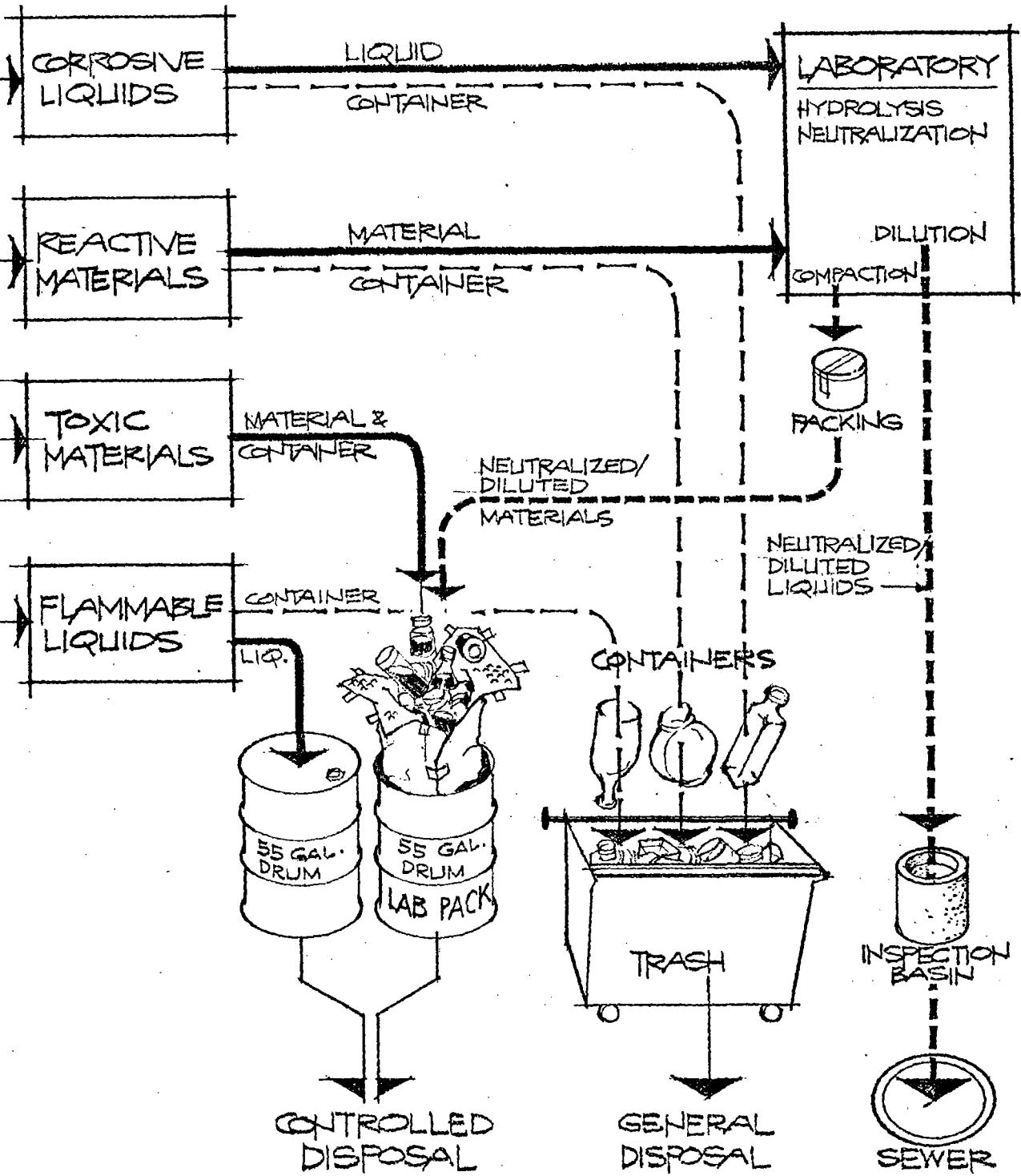
from Laboratories" will be employed.

Most of the waste in the second category will be converted into innocuous materials by chemical treatment processes. The products of chemical treatment will typically be neutral aqueous solutions of non-toxic salts that may be safely and legally flushed into the sanitary sewerage system with copious quantities of water.

The chemical treatment processes to be used will be: neutralization of acids and bases, hydrolysis of acid anhydrides, acyl chlorides, and such compounds as titanium tetrachloride and sulfuryl chloride followed by neutralization, decomposition of alkali metals, and wet oxidation by means of sulfuric acid dichromate or hypochlorite solutions. Such operations will be carried out on a small scale in a chemical fume hood, by or under the direct supervision of a Ph.D. chemist. All waste that contains toxic metals will be treated by methods that lead to their separation as insoluble compounds, and these materials will be lab-packed for landfill disposal.

These procedures will reduce the volume of hazardous waste generated by the research and instructional laboratories to harmless materials that have no adverse consequences to humans or the environment. The quantity of waste that must be landfilled will be reduced to a very small fraction of the total.

STORAGE



FLOW CHART

OPP&C

4-27-84

LABORATORY SERVICE BUILDING
E. 61ST & BLACKSTONE

THE UNIVERSITY OF CHICAGO
CHICAGO ILLINOIS

S. Blackstone Ave.

Steam Plant

Lab Service

Garage

Illinois Central Railroad

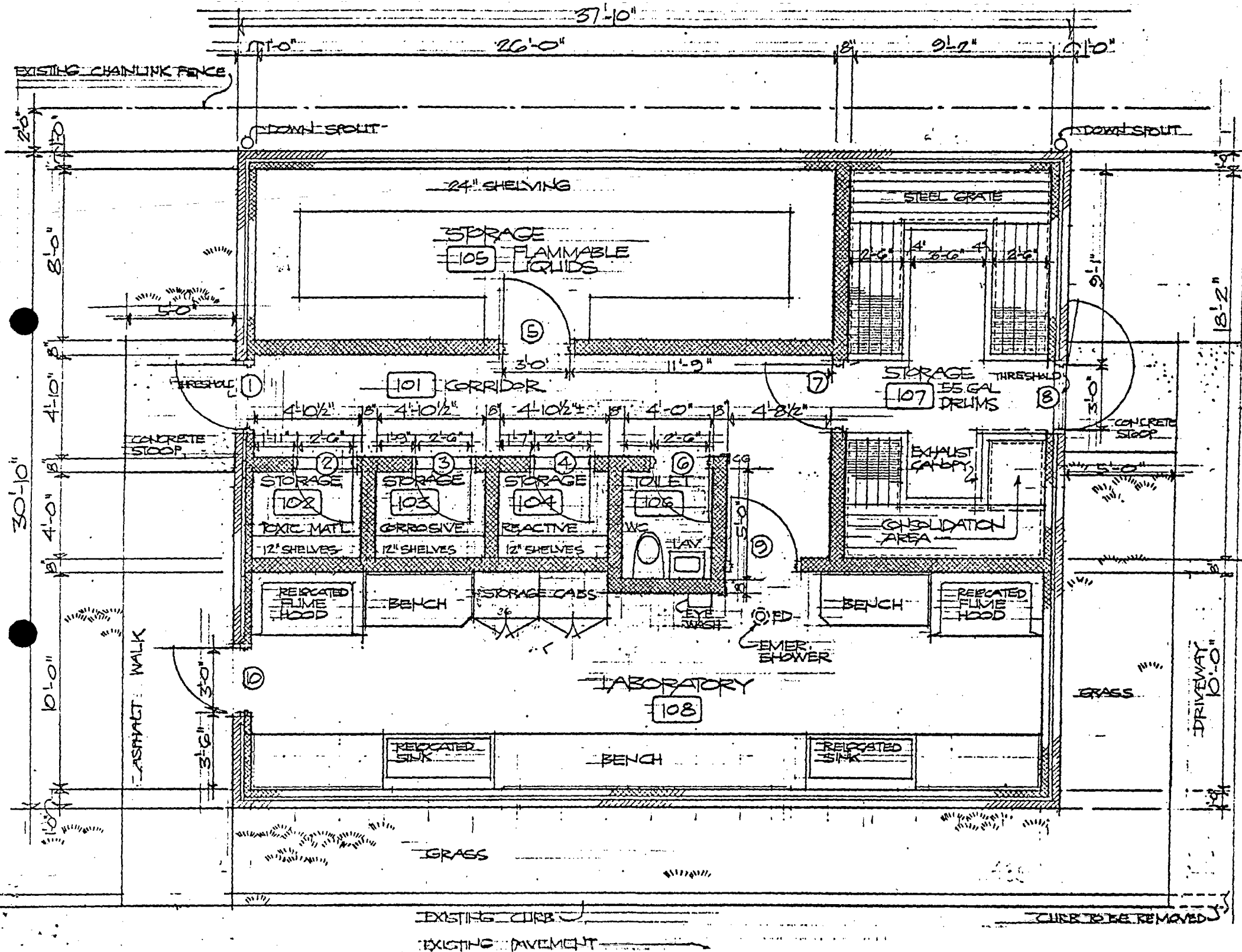
01 5 10 20 40



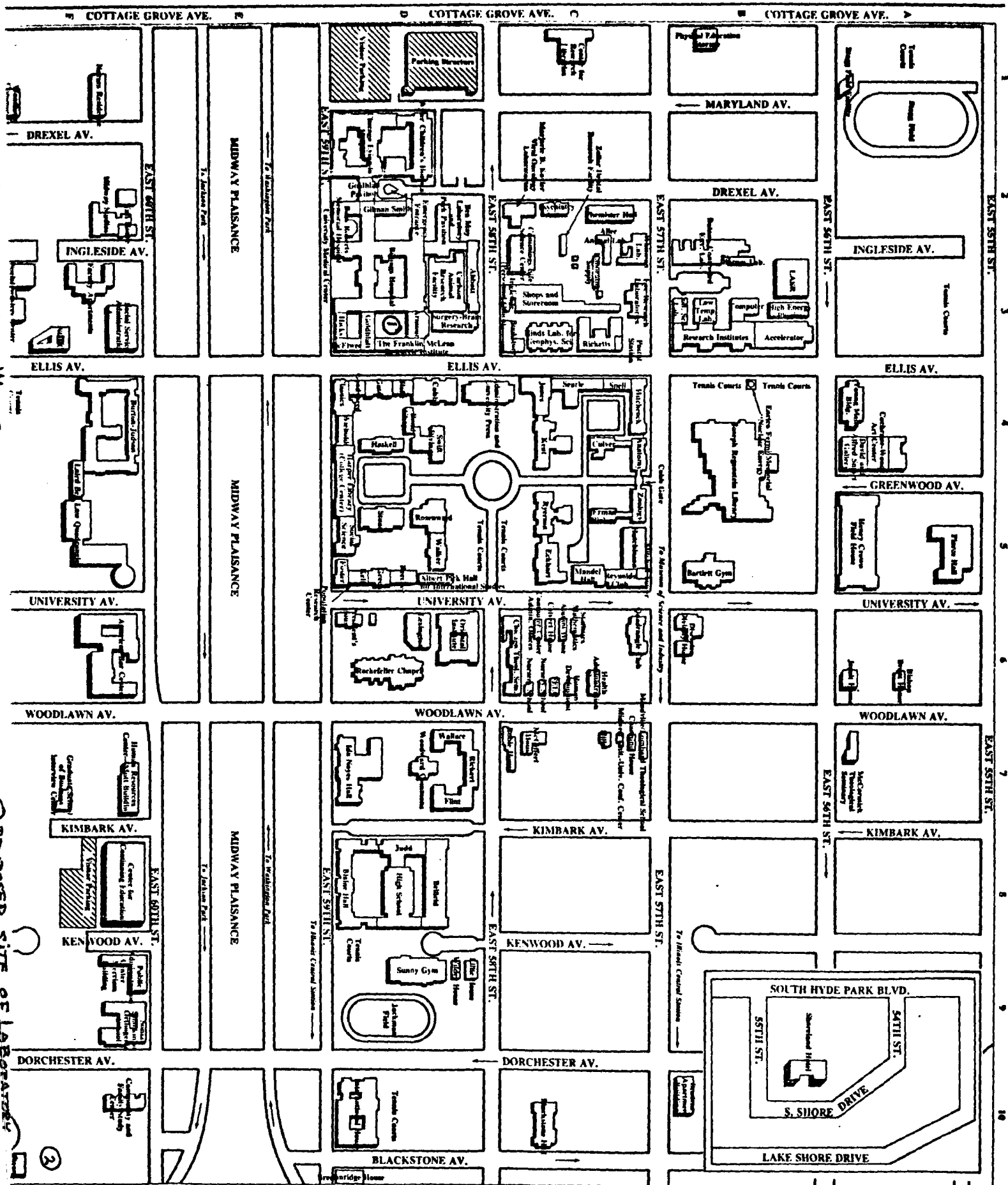
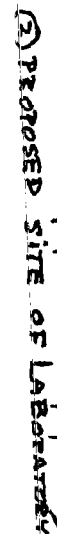
Laboratory Service Building

RCD

THE UNIVERSITY OF CHICAGO
OFFICE OF THE ASSISTANT VICE-PRESIDENT
PHYSICAL PLANNING



THE UNIVERSITY OF CHICAGO



THE UNIVERSITY OF CHICAGO

CHICAGO • ILLINOIS 60637

DEPARTMENT OF CHEMISTRY

5735 SOUTH ELLIS AVENUE

KENT CHEMICAL LABORATORY • GEORGE HERBERT JONES LABORATORY

SEARLE CHEMISTRY LABORATORY

October 2, 1981

RCRA Activities
U.S. Environmental Protection Agency
P.O. Box A3587
Chicago, Illinois 60690-3587

Ref: Form 3510-3

I.D. #~~ILT180019838~~
ILD 005421136 OK

Dear Sirs:

Since November 19, 1980 The University of Chicago has disposed of all of its hazardous chemical wastes by employing a licensed commercial company for packaging the waste in drums and transporting it to an EPA-approved landfill site for burial. We have not made use of incineration or any other treatment processes during this period, although consideration is being given to such alternatives to landfilling in the future.

We shall of course consult the Environmental Protection Agency and seek its approval before undertaking any alternative to the burial of hazardous chemical wastes in an approved site. For the present and foreseeable future, our Process Code should be S01.

Sincerely yours,

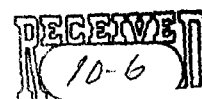
Norman H. Nachtrieb

Norman H. Nachtrieb
University Laboratory
Safety Officer

NHN:hp

SUB.

OCT 06 1981



FORM 1	 EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permit Program <i>(Read the "General Instructions" before starting.)</i>	GENERAL INSTRUCTIONS If a preprinted label has been provided with it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-P which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE	
I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION			

II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

SKIP	NAME OF FACILITY
1	UNIVERSITY OF CHICAGO

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 NORMAN H. NACHTRIEB	312 753 8261

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 5735 S ELLIS			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 CHICAGO		IL	60637

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 5801 S ELLIS AVE					
B. COUNTY NAME					
COOK					
C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)	
6 CHICAGO		IL	60637		

VII. SIC CODES (4 digit, in order of priority)

A. FIRST		B. SECOND	
7 8 2 2 1 (specify)	University & Professional Schools	7 8 0 6 9 (specify)	Numerous Specialty Hospitals
C. THIRD		D. FOURTH	
7 8 0 6 2 (specify)	General & Surgical Hospital	7 8 2 1 1 (specify)	Elementary & Secondary School

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in item VIII-A also the owner?	
UNIVERSITY OF CHICAGO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other" specify.)		D. PHONE (area code & no.)	
FEDERAL STATE PRIVATE PUBLIC (rather than federal or state) OTHER (specify)		3 1 2 7 5 3 1 2 3 4	
E. STREET OR P.O. BOX		F. CITY OR TOWN	
5 8 0 1 S ELLIS		CHICAGO	
G. STATE		H. ZIP CODE	
IL		6 0 6 3 7	
I. INDIAN LAND		Is the facility located on Indian land?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. RCRA (Discharges to Surface Water)		B. RCRA (Discharges to Groundwater)	
N			
C. UIC (Underground Injection of Fluids)		D. Other (specify)	
U		0 3 0 1 0 3 3 3 (specify) ILL. EPA Incinerator	
E. CERCLA (Hazardous Waste)		F. Other (specify)	
H		8 0 1 1 9 1 (specify) ILL. EPA Hazardous Waste Permit	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The University of Chicago is an educational institution, operating a university, including a college, graduate departments, professional schools, primary and secondary schools, libraries, a press, educational and research departments, including the Pritzker School of Medicine and the University of Chicago Hospitals and Clinics for the training of physicians and the treatment of patients.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Arthur M. Sussman - Vice President		<i>Arthur M. Sussman</i>		Nov. 19, 1980	

XIII. COMMENTS (optional)

XIV. COMMENTS (optional)	
--------------------------	--

ATTACHMENT

FORM 3510-1 (X) Existing Environmental Permits
Additional Illinois E.P.A. Incinerator Permits

03010330

03010332

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER	
			1 LD0005421136	

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/>	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C	YR. MO. DAY	C	YR. MO. DAY
8	90 09 10		
13	73 74 75 76 77 78	13	73 74 75 76 77 78
B. REVISED APPLICATION (place an "X" below and complete item 1 above)		2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/>	
72		72	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C									
DUP									
13 14 15									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
1	S 0 2	600	G		5		*of the approximately		
2	T 0 3	20	E		6		3200 kilograms of waste		
	S 0 1	1000*	L		7		potentially available for		
	T 0 1	250*	L		8		storage, part will be		
	T 0 3	2000*	L		9		incinerated, part chem-		
	T 0 4				10		ically treated and balance		
							sent to appropriate EPA		
							Storage Facility VIA		
							EPA Approved Transpor-		
							tation		

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

T 0 4 - Distillation for recovery of valuable solvents and mercury

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
<div> <div>W</div> <div>1</div> <div>4</div> <div>0</div> <div>0</div> <div>5</div> <div>4</div> <div>2</div> <div>1</div> <div>3</div> <div>6</div> <div>T/A</div> <div>C</div> <div>1</div> </div>															<div> <div>W</div> <div>DUP</div> <div>T/A</div> <div>C</div> <div>2</div> <div>DUP</div> </div>									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																								
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
				27	28	29	30	31	32	33	34	35	36											
1	D 0 0 2	400	K	S	0	1	T	0	1															
2	D 0 0 1	750 + 17	K	T	0	3	S	0	1															
3	D 0 0 3	20	K	T	0	3	S	0	1															
4	D 0 0 5	10	K	S	0	1																		
5	D 0 0 6	6	K	S	0	1																		
6	D 0 0 7	110	K	S	0	1																		
7	D 0 0 9	28	K	S	0	1									INCLUDED WITH ABOVE									
8	D 0 1 1	6	K	T	0	1	S	0	1															
9	D 0 1 3	4	K	T	0	3	S	0	1															
10	D 0 0 4	20	K	T	0	1	S	0	1						INCLUDED WITH ABOVE									
11	D 0 1 6	10	K	T	0	1	S	0	1															
12	P 0 3 5														INCLUDED WITH ABOVE									
13	U 0 0 2	120	K	T	0	3	S	0	1															
14	U 0 0 9	5	K	T	0	1	S	0	1															
15	K 0 1 2														INCLUDED WITH ABOVE									
16	U 0 1 9	160	K	T	0	3	S	0	1															
17	K 0 0 1														INCLUDED WITH ABOVE									
18	U 2 1 1	25	K	S	0	1																		
19	K 0 2 1														INCLUDED WITH ABOVE									
20	U 0 4 4	130	K	T	0	3	S	0	1															
21	K 0 0 9														INCLUDED WITH ABOVE									
22	U 0 8 0	360	K	T	0	3	S	0	1															
23	U 1 1 2	150	K	T	0	3	S	0	1															
24	U 1 5 4	100	K	T	0	3	S	0	1															
25	U 1 6 8	2	K	T	0	3	S	0	1															
26	U 1 6 9	2	K	T	0	3	S	0	1															

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
F	1	L	D	0	0	5	4	2	1	1	3	6		

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	4	7	0	2	4
45	46	47	48	49	50	51

0	8	7	3	5	0	5	4
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Arthur M. Sussman

B. SIGNATURE



C. DATE SIGNED

Nov. 19, 1980

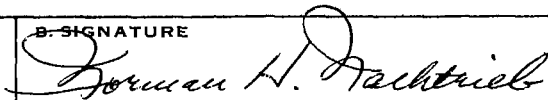
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Norman H. Nachtrieb

B. SIGNATURE



C. DATE SIGNED

Nov. 19, 1980

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																																																																								
11LD0005421136													<table border="1"> <tr> <td>S</td> <td colspan="12">W</td> <td colspan="12">DUP</td> </tr> <tr> <td>T/A</td> <td colspan="12">C</td> <td colspan="12">T/A C</td> </tr> <tr> <td colspan="13">1</td> <td colspan="13">2 DUP</td> </tr> </table>													S	W												DUP												T/A	C												T/A C												1													2 DUP												
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T/A	C												T/A C																																																																																								
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
23	24	25	26	27	28	29	30	31	32	33	34	35	36
1	U 1 9 6	6	K	T	0	3	S	0	1				
2	U 2 1 3	10	K	T	0	3	S	0	1				
3	U 2 2 0	120	K	T	0	3	S	0	1				
4	U 0 1 3	1	K	S	0	1							
5	K 0 0 6	1	K	S	0	1							
6	P 0 3 0	2	K	S	0	1							
7	U 1 4 4	2	K	S	0	1							
8	U 0 6 9	100	K	S	0	1							
9	U 1 9 7	2	K	T	0	3	S	0	1				
10	P 0 3 2	2	K	T	0	1	S	0	1				
11	P 0 3 4	2	K	T	0	1	S	0	1				
12	P 0 5 3	2	K	S	0	1							
13	U 0 3 4	4	K	T	0	1	S	0	1				
14	U 2 3 9	150	K	T	0	3	S	0	1				
15	U 1 8 8	2	K	T	0	3	S	0	1				
16	U 1 0 8	20	K	T	0	3	S	0	1				
17	U 2 1 3	2	K	T	0	3	S	0	1				
18	U 0 5 6	50	K	T	0	3	S	0	1				
19	P 0 8 7	15	K	S	0	1							
20	U 0 2 1	2	K	T	0	3	S	0	1				
21	P 0 9 0	2	K	S	0	1							
22	F 0 0 1	18	K	S	0	1							
23	U 1 2 2	16	K	T	0	3	S	0	1				
24	U 1 5 9	10	K	T	0	3	S	0	1				
25	P 0 5 0	2	K	T	0	3	S	0	1				
26	1 1 7	2	K	T	0	3	S	0	1				

THE UNIVERSITY OF CHICAGO

5801 ELLIS AVENUE
CHICAGO • ILLINOIS 60637

Office of Legal Counsel

(312) 753-4001

November 19, 1980

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Re: Application for Hazardous Waste Permit

I.D. # ~~127-18001-1538~~ ILD005421136

Gentlemen:

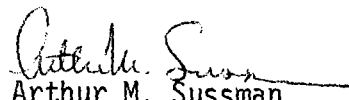
There is enclosed herewith EPA forms 3510-1 and 3510-3 of the Consolidated Permit Application for The University of Chicago which is filed herewith pursuant to the requirements of the Resource, Conservation and Recovery Act, 42 U.S.C. 6901. The University previously on August 18, 1980 registered as a generator of waste with the EPA by filing form 8700-12 but, to date, has not yet received its identification number and said number has, therefore, not been recorded in the enclosed application.

The University of Chicago is an educational institution, operating a university, including a college, graduate departments, professional schools, libraries, a press, educational and research departments, including The Pritzker School of Medicine and the University of Chicago Hospitals and Clinics for the training of physicians and the treatment of patients. These activities are in the main carried out at its main campus on the south side of Chicago which is the site for which the Consolidated Permit is submitted.

The University also has separate facilities located one block south of its main site, (Power Plant), at 5020 S. Cornell Avenue, (University Press) and at Williams Bay, Wisconsin (Yerkes Observatory). While some hazardous waste may be generated at these separate sites, the amounts are such that each of these separate sites may be best described as small generators of hazardous materials which are not required to be registered with EPA.

Please acknowledge receipt of the application on the carbon copy of this letter enclosed herewith and return same to me.

Very truly yours,


Arthur M. Sussman
Vice PresidentAMS/jb
Encl.

THE UNIVERSITY OF CHICAGO

5801 ELLIS AVENUE
CHICAGO • ILLINOIS 60637

Office of Legal Counsel

(312) 753-4001

November 19, 1980

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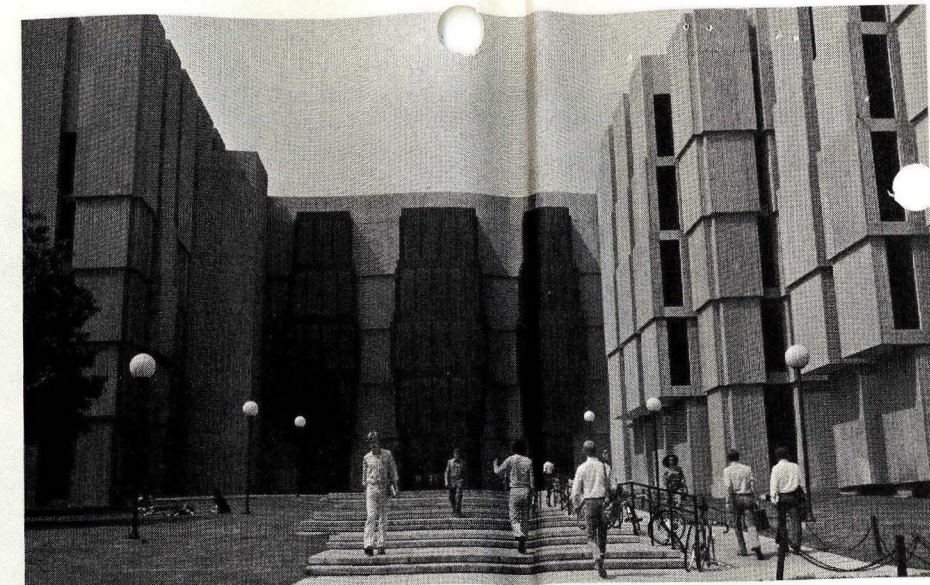
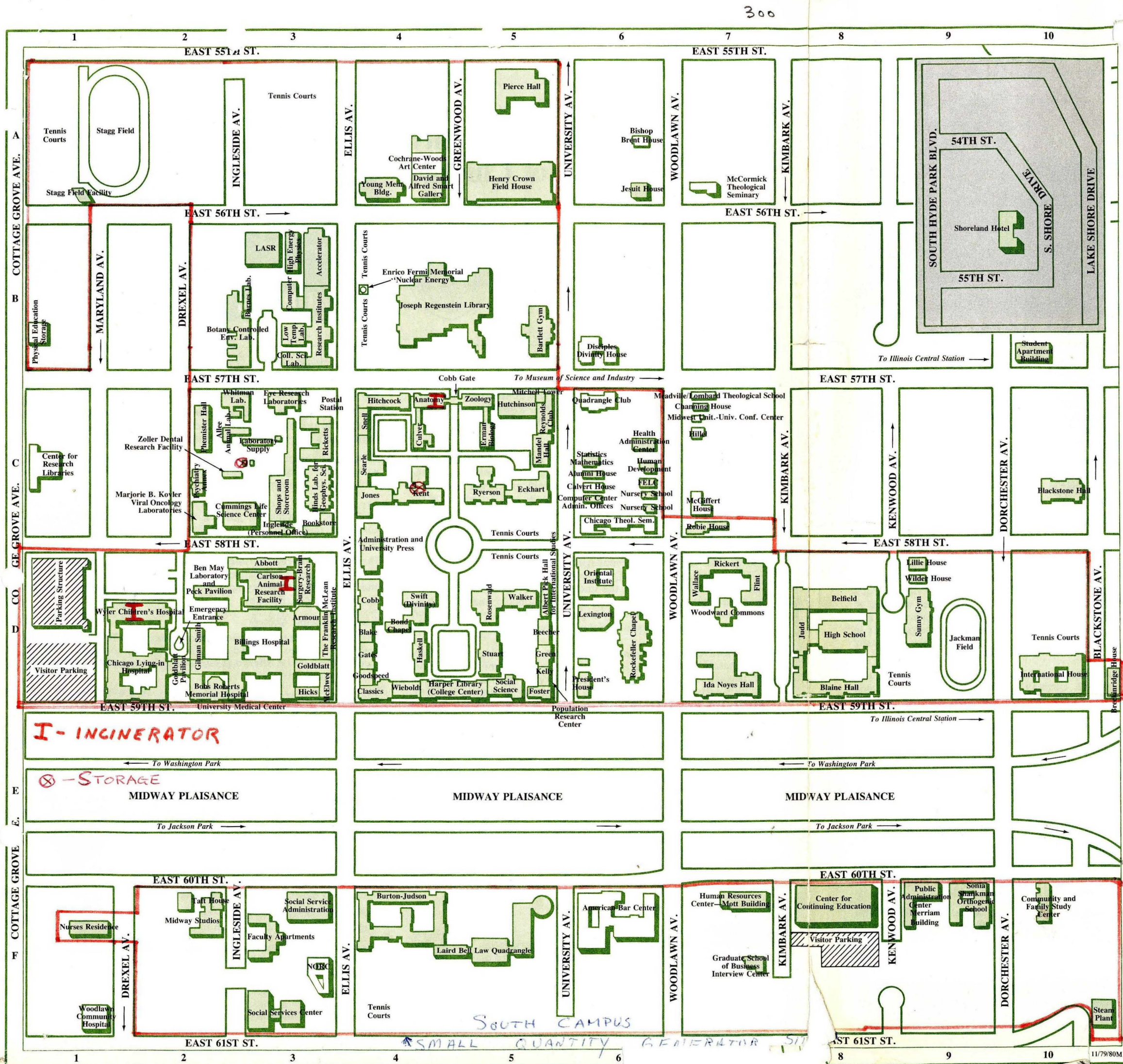
Date _____

Arthur M. Sussman
Vice President

I acknowledge receipt of the
enclosures as listed above.

AMS/jb
Encl.

Signature

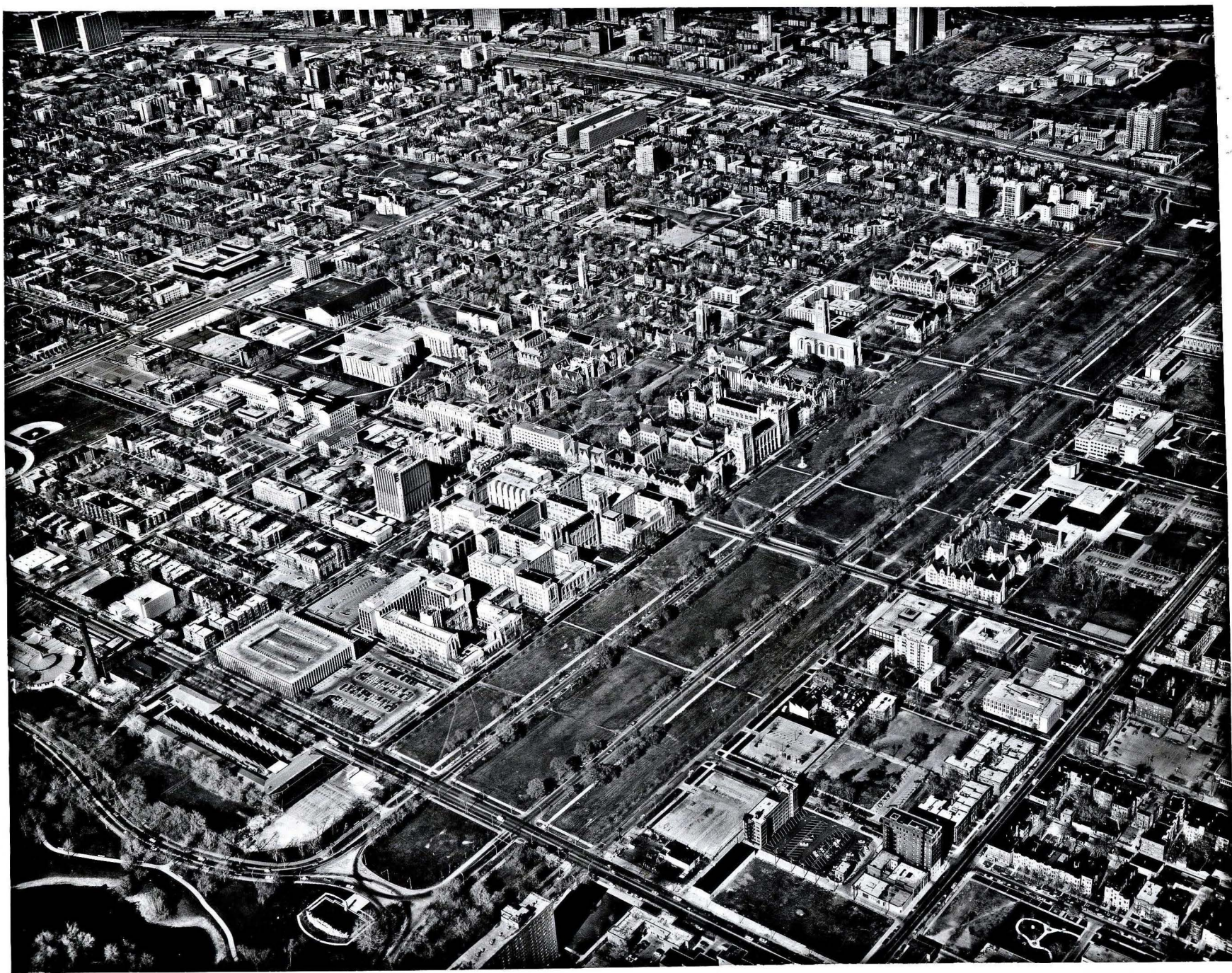


With space for 3.5 million volumes, the Joseph Regenstein Library is one of the largest academic libraries in the country.

- | | |
|---|--|
| <ul style="list-style-type: none"> Abbott Memorial Hall (D-2 and D-3) Accelerator Building (B-3) Administration Building (C-4 and D-4) Allee Laboratory of Animal Behavior (C-2 and C-3) Alumni House (C-6) American Bar Center (F-6) Anatomy Building (C-4) Armour Clinical Research Building (D-3) Barnes Laboratory (B-2 and B-3) Bartlett Gymnasium (B-5) Beecher Hall (D-5) Belfield Hall (D-8) Laird Bell Law Quadrangle (F-4 and F-5) Billings Hospital (D-2 and D-3) Blackstone Hall (C-10) Bookstore (C-3) Botany Controlled Environment Laboratory (B-2 and B-3) Breckinridge House (D-10) Bishop Brent House (A-6) Burton-Judson Courts (F-4) Calvert House (C-6) A. J. Carlson Animal Research Facility (D-2 and D-3) Center for Continuing Education (F-8) Center for Research Libraries (C-1) Channing House (C-7) Chicago Lying-in Hospital (D-1 and D-2) Chicago Theological Seminary (C-6) Classics Building (D-4) Cobb Lecture Hall (D-4) Cochrane-Woods Art Center (A-4) College Science Laboratories (B-3) Community and Family Study Center (F-10) Computer Building (B-3) Computer Center Administration Offices (C-6) Henry Crown Field House (A-5) Culver Hall (C-4) Cummings Life Science Center (C-2 and C-3) Disciples Divinity House (B-6) Eckhart Hall (C-5) Erman Biology Center (C-5) Eye Research Laboratories (C-3) Faculty Apartments (F-3) Far Eastern Languages and Civilizations (FELC) (C-6) Enrico Fermi Memorial (B-4) Flint House (D-7) Foster Hall (D-5) Gates Hall (D-4) Goldblatt Memorial Hospital (D-3) Goldblatt Pavilion (D-2) Goodspeed Hall (D-4) Graduate School of Business Interview Center (F-7) Green Hall (D-5) Harper Memorial Library (College Center) (D-4 and D-5) Haskell Hall (D-4) Health Administration Center (C-6) Hicks Memorial Hospital (D-3) High Energy Physics Building (B-3) High School (D-8) Hillel Foundation (C-7) Hinds Laboratory for the Geophysical Sciences (C-3) Hitchcock Hall (C-4) Human Development (C-6) Human Resources Center—Mott Building (F-7) Ingleside Hall (C-3) International House (D-10) Jackman Field (D-9) Jesuit House (A-6) Jones Laboratory (C-4) Judd Hall (D-8) Kelly Hall (D-5) Kent Chemical Laboratory (C-4) Marjorie B. Kovler Viral Oncology Laboratories (C-2) Laboratory for Astrophysics and Space Research (LASR) (B-3) Lexington Hall (D-6) | <ul style="list-style-type: none"> Lillie House (D-9) Laboratory Supply (C-2 and C-3) Low Temperature Laboratory (B-3) Mandel Hall (C-5) Ben May Laboratory (D-2) McCormick Theological Seminary (A-7) McElwee Memorial Hospital (D-3) McGiffert House (C-7) The Franklin McLean Research Institute (D-3) Meadville/Lombard Theological School (C-7) Medical Center (D-1 to D-3) Midway Studios (F-2) Midwest Unitarian-Universalist Conference Center (C-7) Mitchell Tower (C-5) Ida Noyes Hall (D-7) "Nuclear Energy," Enrico Fermi Memorial (B-4) Nursery School (C-6) Nurses' Residence (F-1) Oriental Institute (D-6) Parking (D-1 and F-8) Parking Structure (D-1) Peck Pavilion (D-2) Personnel Office (C-3) Pemister Hall (C-2) Physical Education Storage (B-1) Albert Pick Hall for International Studies (D-5) Pierce Hall (A-5) Population Research Center (D-5) Postal Station (C-3) President's House (D-6) Psychiatry Annex (C-2) Public Administration Center—Merriam Building (F-9) Quadrangle Club (C-6) Joseph Regenstein Library (B-4 and B-5) Research Institutes Building (B-3) Reynolds Club (C-5) Ricketts Laboratory (C-3) Bobs Roberts Memorial Hospital (D-2) Robie House (C-7) Rockefeller Memorial Chapel (D-6) Rosenwald Hall (D-5) Ryerson Physical Laboratory (C-5) Searle Chemistry Laboratory (C-4) Sonia Shankman Orthogenic School (F-9) Shops and Storeroom (C-3) Shoreland Hotel (B-10) David and Alfred Smart Gallery (A-4) Charles Gilman Smith Hospital (D-2) Snell Hall (C-4) Social Science Research Building (D-5) Social Service Administration Building (F-3) Social Services Center (F-3) Stagg Field (A-1) Stagg Field Facility (A-1) Statistics-Mathematics (C-6) Steam Plant (F-10) Stuart Hall (D-5) Student Apartment Building (B-10) Sunny Gymnasium (D-9) Surgery-Brain Research Pavilion (D-3) Swift Hall (D-4) Taft House (F-2 and F-3) Tennis Courts (A-1, 3, B-4; C-5; D-5, 9, 10; F-4) University Press (Administration Building) (C-4 and D-4) Walker Museum (D-5) Wallace House (D-7) Whitman Laboratory (C-2 and C-3) Wieboldt Hall (D-4) Wilder House (D-9) Woodlawn Community Hospital (F-1) Woodward Commons (D-7) Wyller Children's Hospital (D-1 and D-2) Young Memorial Building (A-4) Zoller Dental Research Facility (C-2 and C-3) Zoology Building (C-5) |
|---|--|

Fire and Police: 753-2211

Campus Security will respond to calls to the general security number, and all fire calls should be made to the same number. In addition, there are many white campus security phones throughout and around the campus; they are connected directly to the security switchboard.



THE UNIVERSITY OF CHICAGO

OFFICE OF LEGAL COUNSEL

5801 ELLIS AVENUE
CHICAGO • ILLINOIS 60637

4001

November 19, 1980

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Re: Application for Hazardous Waste Permit

Gentlemen:

107 ILTIS0019838

There is enclosed herewith EPA forms 3510-1 and 3510-3 of the Consolidated Permit Application for The University of Chicago which is filed herewith pursuant to the requirements of the Resource, Conservation and Recovery Act, 42 U.S.C. 6901. The University previously on August 18, 1980 registered as a generator of waste with the EPA by filing form 8700-12 but, to date, has not yet received its identification number and said number has, therefore, not been recorded in the enclosed application.

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Please acknowledge receipt of the application on the carbon copy of this letter enclosed herewith and return same to me.

Very truly yours,

Arthur M. Sussman
Vice President

AMS/jb
Encl.

cc: Alfred C. Herbster

file

7:005421136

FOR OFFICIAL USE ONLY											
S	1	2	3	4	5	6	7	8	9	10	11
W	1	2	3	4	5	6	7	8	9	10	11

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 P001	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K012	14 K009	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19 K001	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25 K021	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P035	32 U019	33 U080	34 U168	35 U213	36 P030
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37 U002	38 U211	39 U112	40 U169	41 U220	42 U144
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43 U009	44 U044	45 U154	46 U196	47 U013	48 U069
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NOV 24 1980

SIGNATURE <i>Raymond W Bunt</i>	NAME & OFFICIAL TITLE (type or print) <i>actg</i>	DATE SIGNED <i>11/19/80</i>
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COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U197	32 P053	33 U188	34 U056	35 P090	36 P050
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37 P032	38 U034	39 U108	40 P087	41 U122	42 P117
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43 P034	44 U239	45 U213	46 U021	47 U159	48 P088
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

THE UNIVERSITY OF CHICAGO
OFFICE OF LEGAL COUNSEL

4001

November 19, 1980

EPA
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Re: Registration as Generator of Hazardous Wastes

Gentlemen:

On August 18, 1980, The University of Chicago, filed with your office form #8700-12, Notification of Hazardous Waste Activity, for the University of Chicago at its main campus located on the south side of Chicago at 5801 S. Ellis Avenue, Chicago, Illinois. At that time it was believed that the University was best described as a small generator of hazardous waste except that it had generated and accumulated two acute hazardous wastes (Parathion and Thiodan) which exceeded or would come close to exceeding the one kilogram limit prescribed by EPA regulations. After an exhaustive review made in connection with the filing of an application for Hazardous Waste Permit as requested by E.P.A., it has been determined that the University generates a number of acute hazardous wastes in addition to the two previously disclosed. It also now appears that the University may accumulate hazardous wastes in excess of 100 or even 1000 kilograms.

There is, therefore, enclosed herewith an amended Section II of E.P.A. Form 8700-12, and we respectfully request that you attach to the University's original notification of hazardous activity form previously filed.

It will also be appreciated if you will acknowledge receipt of this letter on the copy enclosed herewith.

Very truly yours,

Raymond W. Busch

RWB/jb
Encl.

NOV 24 1980

TE.....

WE ACKNOWLEDGE RECEIPT OF THE ENCLOSURES AS LISTED ABOVE

Signature

THE UNIVERSITY OF CHICAGO

5801 ELLIS AVENUE
CHICAGO • ILLINOIS 60637

Office of Legal Counsel

(312) 753- 4001

November 19, 1980

EPA
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Re: Registration as Generator of Hazardous Wastes

Gentlemen:

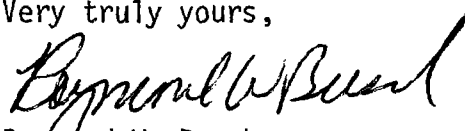
ID # 1LT 180019838

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There is, therefore, enclosed herewith an amended Section IX of E.P.A. Form 8700-12, which we respectfully request that you attach to the University's original notification of hazardous activity form previously filed.

It will also be appreciated if you will acknowledge receipt of this letter on the copy enclosed herewith.

Very truly yours,



Raymond W. Busch

RWB/jb
Encl.

NOV 24 1980